

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35059

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Clinton Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: CHARLEY T LONG

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna Long 6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Sept 6 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: Henry Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Implement Dealer

11. Industry or business

MOTHER FATHER { 12. Name: James Long
13. Birthplace: Miller Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Martha Ingles
15. Birthplace: Madawasky Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Lola Long (b) Address: Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation: White Oak

18. (a) Signature of funeral director: Consuelo H. Peas
(b) Address: Clinton Mo

19. (a) 10-12-41 (Date received local registrar) (b) W. J. R. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry 042
(c) City or town: Clinton Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 114 E Wilson (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 10-9, 1941, to 10-9, 1941; that I last saw him alive on 10-9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 6 hr

Due to: _____
Due to: _____
Other conditions: 9/4a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature: H. DeWolfe (M. D. or other) M.D.
Address: Clinton Date signed: 10-11-41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1893

Date Filed 11-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. E. Consolini

Licensed Embalmer No. 1891

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.