

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3187

Registration District No. 179 Primary Registration District No. 576-67 4287 State File No. _____ Registrar's No. 3

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Nim. R. Long

3. (b) If veteran, name war _____ (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 LAURA NORDON LONG 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased MARCH 22 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 1 If less than one day hr. _____ min. _____

9. Birthplace LINCOLN, COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation COUNTY CLERK.

11. Industry or business

12. Name WILLIAM H. LONG

13. Birthplace UNKNOWN WISCONSIN
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA MITCHELL

15. Birthplace PIKE COUNTY MI. O
(City, town, or county) (State or foreign country)

16. (a) Informant L. V. LONG

(b) Address TROY, MISSOURI

17. (a) BURIAL (b) Date thereof JAN 25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, CEM, TROY, MO.

18. (a) Signature of funeral director Kenner Funeral Home

(b) Address 2001 - MISSOURI

19. (a) 1-25-46 (b) Mrs. EMMA B. RIDDE
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN
(c) City or town TROY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
(Coroner's Jury verdict)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 D. E. Bethel (M. D. or other) DO
Address Coroner Lincoln County
Date signed 1-23-46

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Joseph J. Marsh
Licensed Embalmer No. *3932*

P. O. Address.....

Froy, Missouri

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.