

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Union, R#1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Walker Sup.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME ELMER ARLAS LONG
 3. (b) If veteran name war None
 3. (c) Social Security No.

4. Sex M. 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Anna Kendrick Long (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased May 8 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 19
 If less than one day hr. _____ min. _____

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

10. Usual occupation: Farmer

MOTHER FATHER

11. Industry or business
 { **12. Name:** John J. Long
13. Birthplace: Miller Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name: Mary J. Hunt
15. Birthplace: Saline Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: W. E. Long
 (b) Address: Clinton, Mo. R#1

17. (a) Burial (b) Date thereof 7-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director: H. A. Vaisant
 (b) Address: Clinton

19. (a) 7-29-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Henry
 (c) City or town Union, R#1
(If outside city or town limits, write "RURAL")
 (d) Street No. Walker Sup.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1948 hour 2:40 minute _____ P. M.
21. I hereby certify that I attended the deceased from July 27 1948 to July 28 1948
 that I last saw him alive on July 27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
 Duration 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 3/4
 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)
 (c) Means of injury 2

23. Signature: R. R. Kenney (M. D. or other)
 Address: Clinton Mo Date signed 7/29/48

RECEIVED

District Health Officer No. 7,

District File Number 7-48379

Date Filed 8-4-48

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 _____

Licensed Embalmer No. 3779

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.