

FILED AUG 12 1943

5358

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Colfax Colfax TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 Miles north of cameron
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether)

In this community 12 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town 4 miles north of Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. Rural no. Colfax Twp
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Raymond Earl Long

3. (b) If veteran, name war no

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 7:40 AM minute

21. I hereby certify that I attended the deceased from 6-20-43 to 7-5-43
that I last saw him alive on 7-2-43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

4. Sex M

5. Color or Race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Hopper Long

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 8 1884
(Month) (Day) (Year)

Duration

Due to Chronic Myocarditis ?

Due to Myocardial Degeneration ?

Other conditions Chronic Rheumatoid Arthritis
(Include pregnancy within 3 months of death)

Major findings: Arthritis

Of operations

Of autopsy

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>27</u>	hr. min.

9. Birthplace De Kalb Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Issac Long

13. Birthplace Lancaster Penn
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Wheeler

15. Birthplace No Record Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Cameron

(b) Address Burial

17. (a) (b) Date thereof 7-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgville Cemetery

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

(b) Address Cameron, Missuri

19. (a) 7-7-1943 (b) L. O. Dickerson
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature L. O. Dickerson (M. D. or other) 20

Address Cameron, Mo. Date signed 7-6-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

930

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

3100

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 Herald T. Wade

Licensed Embalmer No. 4172

P. O. Address Camden

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.