

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

16328

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 426

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Specify whether
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark 77
(c) City or town Noble
(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 _____

3. (a) PRINT FULL NAME Gerry Edward Long

3. (b) If veteran name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced SINGLED

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Oct 14 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 2 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Howard N. Long

13. Birthplace UNK Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Delphia Garrison

15. Birthplace UNK Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard N. Long

(b) Address Noble, Mo.

17. (a) Burial (b) Date thereof 5-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Noble, Mo.

18. (c) Signature of funeral director Clintwood F. Homer

(b) Address Winesville, Mo.

19. (a) 5-30-46 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 th
year 1946 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from 5-13-46, 1946, to 5-16-46, 1946
that I last saw him alive on 5-16-46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Intussusception Duration 1 wk
Due to Intussusception 2 wk
Due to _____

Other conditions (Include pregnancy within 3 months of death) 157g

Major findings: Of operations Intussusception - Gun
fire injury - Intercide
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? _____
(Specify type of place) (e) Means of injury _____

23. Signature Lebbe Besset (M. D. or other)
Address Springfield, Mo. Date signed 5-19-46

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

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Avd Mo

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.