

S. No. 300  
DM-10-47  
ev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19275  
Registrar's No. 127

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CLINTON GENERAL HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether  
In this community 6 DAYS  
years, months or days)

3. (a) PRINT FULL NAME ARLOW EVERETT LONG  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Flora Caldwell Long 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April 11 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 29 If less than one day hr. min. ✓

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name James M. Long  
13. Birthplace Miller Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha B. Ingels  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Long  
(b) Address Montrose, Mo. R#3

17. (a) Buried (b) Date thereof June 15 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director N. A. Dousant

(b) Address Clinton, Mo.

19. (a) 6-11-48 (b) R. P. Remy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Henry 42  
(c) City or town Montrose, Walker Twp. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#3 Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1948 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10 1945 to June 10 1948.  
that I last saw him alive on June 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation  
Duration Death at once

Due to myocardial infarction 3 days

Due to chronic pleurisy 6 days

Other conditions hypertension ulcers  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations: none  
Of autopsy: none  
PHYSICIAN None  
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) no

(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 1

23. Signature S. B. Archer (M. D. or other) MD

Address Clinton Mo. Date signed 6/11/48

RECEIVED  
District Health Officer No. 7,  
District File Number 5-48-633  
Date Filed 6-16-48

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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 H. A. Vansant  
Licensed Embalmer No. 3779  
P. O. Address Clinton, 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.**