

Registration District No. **34**

Primary Registration District No. **6239**

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Egypter (Rural) Egypter Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 mile southwest of Egypter, 1/2 mile residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community 2 years 6 months
years, months or days

8. (a) PRINT FULL NAME: CHRISTIAN LONG
 8. (b) If veteran, name war. _____
 3. (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 Rachel Long
 6. (c) Age of husband or wife if alive 89 years
 7. Birth date of deceased November 19, 1854
(Month) (Day) (Year)

8. AGE:
 Years 85 Months 10 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Knorrville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Robert Long

13. Birthplace Knorrville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Nicodemus

15. Birthplace Knorrville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Long
 (b) Address Route 1, Egypter, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Sept. 30, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Local

18. (a) Signature of funeral director Loon Funeral Home
 (b) Address Cassville, Mo.

19. (a) Sept. 30, 1940 (b) Mrs. H. P. Seary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Egypter (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 1, 2 mile S. W. Egypter
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 28
 year 1940 hour 12 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Jan. 15
 _____, 1940, to Sept. 25, 1940
 that I last saw him alive on Sept. 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration 5 years
 Due to Arteriosclerosis

Due to _____
 Due to _____
 Other conditions 92C
(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?
33 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Ed W. Daniel M. D. as so
 Address Cassville Date signed 9/28/40

RECEIVED

District Health Officer No. 6.

District File Number 1-040-2671

Date Filed OCT 8 1948

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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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, above space should be left blank.