

FILED OCT 1 1946

State File No.

Registration District No. 1

Primary Registration District No. 4023

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Exeter  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ---  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --- (Specify whether)  
In this community 5 years (years, months or days)

3. (a) PRINT FULL NAME John Grant LONG

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lina Long 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased September 15, 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 27 -- hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Robert Long

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

14. Maiden name Celia Nicodemus

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

16. (a) Informant Mrs. Lino Long

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof 9-15-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort, Mo.

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Missouri

19. (a) Sept 23-46 (b) Grace Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Exeter (If outside city or town limits, write "RURAL")  
(d) Street No. --- (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th. year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1946 to Sept. 10, 1946 that I last saw him alive on Sept. 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature Glenn H. Salter (M. D. or other) MD

Address Cassville Mo Date signed 9/16

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

RECEIVED  
District Health Officer No. 6,  
District File Number 946-984  
Date Filed SEP 30 1946

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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.....

*J. C. Canada*

Licensed Embalmer No.....

*4196*

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, fact should be so stated above.**