. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10063
State File No.

Registration District No. 224
Primary Registration District No. 30465 796
Registrar's No. 20

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo, Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theoadore A. Longan
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 6 (Day) 1869 (Year)

8. AGE: Years 78 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

MOTHER FATHER
12. Name Geo Longan
13. Birthplace (City, town, or county) Virginia (State or foreign country)
14. Maiden name Susan Small
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant E. B. Longan
(b) Address Rt # 4. California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Burk Cemt, California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 2-10-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day ~~###~~ 8
year 1947 hour 2/10 minute P M.
21. I hereby certify that I attended the deceased from May 3, 1945, to Mar 8, 1947, that I last saw him alive on Mar 5, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address California, Mo Date signed 3/10/47

202 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-47

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 me,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address Calipatria

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.