STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2528
Registrar's No. 175 E

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 6 years; In Community 6 years; In Arizona 32 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)

(d) Street No. County Hospital (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Roy A. Long (b) If veteran name war None (c) Social Security No.

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ___ yrs.

7. Birthdate of deceased March (Month) 14, (Day) 1886 (Year)

8. AGE: Years 62 | Months 1 | Days 4 | If less than one day hrs. ___ min.

9. Birthplace Nedosha (City, town or county) Kansas (State or Country)

10. Usual Occupation Janitor

11. Industry or Business Retired

Father
12. Name Nobel A. Long
13. Birthplace (City, town or county) Indiana (State or Country)

Mother
14. Maiden Name Unknown
15. Birthplace " (City, town or county) (State or Country)

16. (a) Informant's own signature Beulah Soulages
(b) Address Fifth & Merritt Sts. Prescott, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Ashfork, Ariz. (c) Date 4/22, 1948

18. (a) Embalmer's Signature [signature]
(b) Funeral Director C. E. Hunter
(c) Address Hunter Mortuary, Prescott, Ariz.

19. (a) April 21, 1948 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 18, 1948;
TIME (Hour and minute) 12:35 P.M. M.

21. I hereby certify that I attended the deceased from April 16, 1948 to April 18, 1948; that I last saw he alive on April 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — DURATION 3 days
Due to Arteriosclerosis
Due to Gangrene both feet — 6 mos
Other conditions (Include pregnancy within three 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 [signature] M. D.
Address Prescott Arizona Date signed APR 20 1948

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