

1 PLACE OF DEATH:
 (a) County Coal *15*
 (b) City or town Coalgate
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: 0
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 Years *5 20*
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Okla. (b) County Coal
 (c) City or town Coalgate, Okla.
(If outside city or town limits, write RURAL) *15*
 (d) Street No. _____
(If rural give location)
 (e) Citizen of foreign country? _____
 If yes, name country _____

3(a) FULL NAME William Richard Long
3 (b) If veteran, _____ **3 (c) Social Security** _____
 name war _____ No _____

MEDICAL CERTIFICATION
 20. Date of death: Month 7 day 11
 year 1948 hour 7 minute 0 A. M.

4. Sex M. **5. Color or** _____ **6(a) Single, widowed, married,** _____
race W. **divorced** M.
6 (b) Name of husband or wife _____ **6(c) Age of husband or** _____
Julie Ann Long **wife, if alive** 66 years.

21. I hereby certify that I attended the deceased from _____
none 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated
 above. **Duration** 079A
 Immediate cause of death Coronary thrombosis

8. AGE: Years Months Days If less than one day
72 4 2 hr. min.

Due to The husband got
from his wife
Due to unspecified heart
been having angina pectoris

9. Birthplace Johnson County, Okla.
(City, town, or country) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer
11. Industry or business 200

Major findings:
 Of operations _____
 Of autopsy _____

12. Name Sanford Long
13. Birthplace D. K.
(City, town, or country) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name Carrie D. K.
15. Birthplace D. K.
(City, town, or country) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Watsville Calif. Box 791D

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)

17 (a) Burial _____ **(b) Date thereof** 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Coalgate
 Was body embalmed? Yes Yes No _____
 Signature of embalmer W. A. Slater

(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 _____

18. (a) Signature of funeral director _____
(b) Address Coalgate, Okla.

23. Signature [Signature] (M.D. or other) _____
Address Coalgate, Okla. **Date signed** 7-13-48

19 (a) 7-13-48 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)