S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41387
Registrar's No. 4780

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5024 Main Street (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: 1 Year & 10 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 5024 Main (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Mrs. Ida May Longwell
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: J. J. Longwell
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Sept. (Month) 15, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	3	0	hr. ... min.

9. Birthplace: — (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: John W. Hall
FATHER 13. Birthplace: — (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Sarah A. Marvin
MOTHER 15. Birthplace: — (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Bert M. Hall
(b) Address: 5030 Main Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: R. V. Lindsey & Sons
(b) Address: 3811 Broadway
19. (a) 12-16-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1940 hour 3 AM minute ... M.

21. I hereby certify that I attended the deceased from 12/12/40, 19..., to 12/10/40, 19...; that I last saw h... alive on 12/10/40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hs.
Due to: B.P. 200/110.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr Arteriosclerosis	12 yrs.

Major findings: Of operations: none
Of autopsy: none

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: Ingle Nielsen (M. D.)
Address: 1103 Grand Ave. Date signed: 12/14/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Webster
Dep

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 271 Edison H. Peters, Registered Apprentice No. _____, working under my personal supervision.

Signed Roscoe A. Keeler

Licensed Embalmer No. 3738

P. O. Address N.C. Mass.

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.