FILED JUL 18 19[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21829

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 186

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

**1. PLACE OF DEATH:**

(a) County Jackson J----Eon-

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1221 W Waldo / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 35 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Mo. 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1221 W. Waldo 4 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Jane Longnecker

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife John W. Longnecker

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased May 27 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Decatur Co. / Iowa (City, town, or county) (State or foreign country)

10. Usual occupation house work at home

11. Industry or business

FATHER
12. Name Joseph Nelson Box
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Higgins

(b) Address 1221 W. Waldo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-41 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo. 3 VN

19. (a) July 12 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 11 year 1941 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan ~~1938~~ ~~July~~ 5 1938 to July 10 1941; that I last saw her alive on July 10 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 7 days |
| Due to Arterial Hypertension | 4 yrs |
| Due to Senility | |
| Other conditions (Include pregnancy within 3 months of death) 83 V | |

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 T. M. Agee (M. D. or other) DO

Address Independence Mo Date signed 7/12/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Roland V. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.**