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K23159

FILED OCT 13 1941  
Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 2032

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

1. PLACE OF DEATH: **Jackson**

(a) County: **Kansas City, Mo**

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

(c) Name of hospital or institution: **Ambulance on way to St. Luke's Hosp.**  
(If not in hospital or institution, write street number or location)

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

In this community: **37 Years**  
years, months or days

3. (a) PRINT FULL NAME **JESSEHIRAM LONGSHIE**

3. (b) If veteran, name war **World-** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Louise** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Jan. 21, 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>47</b>	<b>8</b>	<b>8</b>	hr. min.

9. Birthplace **Chillicothe, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Switchman**

11. Industry or business **C. M. St. P. and P.**

12. Name **Edward Longshie**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Louise Longshie**  
(b) Address **132 N. Lawn**

17. (a) **Burial** (b) Date thereof **Oct. 1, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **2825 Indep. Blvd. K. C. Mo.**

19. (a) **9/30/41** (b) **M. N. Crowe**  
(Date received local registrar) (Registrar's signature)

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. **132 N. Lawn**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **29** - 41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute **7:42** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Arterio Pulmonary Edema**  
**Hypertensive myocarditis**

Other conditions: **12 H.**  
(Include pregnancy within 9 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **93d**

Duration  
\_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature **Quirell W. E. ...** (M. D. or other) **3**  
Address **K.C. Mo.** Date signed \_\_\_\_\_

OCT 14 1941

**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.....

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

working under my personal supervision.

Signed

*Wilson T. Pepler*

Licensed Embalmer No. *04225*

P. O. Address *Indy Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**