DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33726

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3657

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 519 So Drury (If not in hospital or institution, write street number or location)

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

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 519 So Drury (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY ANNE LONGMAN.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife HORATIO LONGMAN.

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

7. Birth date of deceased Sept (Month) 16 (Day) 1862 (Year)

8. AGE: Years 79 Months — Days 14 If less than one day — hr. — min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name WILLIAM A. GILL
13. Birthplace PENN. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BOZZLE
15. Birthplace — INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thurman Page

(b) Address 519 So Drury

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Kns

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6696 Independence Ave K.C. Mo

19. (a) 10/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8 months Jan, 1941, to Sept 30, 1941; that I last saw her alive on Sept 15 - 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — resulting in fall —

Due to Severe head injury —

Due to Cannot state she died as result of fall - I have previously treated her for the cardiac disorder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186a

Of autopsy 18

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul R. Johnson (M. D. or other)

Address 5400 Lindy Ave. Date signed 10/1/41

361

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 8625

P. O. Address Kansas City

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

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

. No. 2B
—8-21-41
PI X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 33726

Registration District No. 399 Primary Registration District No. 1602 Registrar's No. 3657

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Mary A. Longman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 16, 1862 (Month) (Day) (Year)
8. AGE: Years 79 Months — Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10/1/42 (Date received by local registrar) (b) M. M. Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 16 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Skull injury due to fall but likely to have had the coronary attack first. Tried to rise off of stool & fell against wash stand on the bath tub
Due to
Other conditions (Include pregnancy within 3 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 Sept 30 - 1942 123
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Toilet (e) Means of injury
23. Signature Paul A. G. Johnson (M. D. or other)
Address 5400 Lindsey Ave Date signed