

FILED APR 9 1943

Registration District No. 226

Primary Registration District No. 5800

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution Monroe City, R. 2
(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 57 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONROE

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

(d) Street No. Monroe City, R. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Longmire

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1943 hour 2 minute 10 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rosella P. 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased November 9, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24 1943 to MARCH 2 1943 that I last saw him alive on MARCH 2 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 3 21 hr. min.

Immediate cause of death MYOCARDITIS

Due to 930

Due to 930

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (Retired) 18 yrs

Other conditions SENILE DEMENTIA 2 Mo
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name James S. Longmire

13. Birthplace Asheville, N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Menefee

15. Birthplace Irishown, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: —

Of operations —

Of autopsy ✓

Underline the cause to which death should be charged statistically.

16. (a) Informant Rosella P. Longmire

(b) Address Monroe City, Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Monastery, Mo

18. (a) Signature of funeral director WILSON & SONS

(b) Address Monroe City, Mo

19. (a) March 4, 1943 (Date received local registrar) Otis Hedberg (Registrar's signature)

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) Means of injury 0

23. Signature John J. Hedberg (M. D. —)
Address Monroe City, Mo Date signed 3/3/43

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

69
00

1126

RECEIVED

District Health Officer No. 10

District File Number 4-43-673

Date Filed APR 8 1943

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 By me.

....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie L. Nilsen

Licensed Embalmer No. 3014

P. O. Address Monroe, La.

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.