

S. No. 2
4-5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14562

State File No.

Registrar's No. 239

LED MAY 13 1943

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 _____)

In this community 28 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2309 Virginia Ave.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Emmer Ellsworth Longenecker

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 1943
year _____ hour 4:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3-28-43 to 4-25-43
1943 to 1943
that I last saw him alive on 4-25-43 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife Theodosia H. Longenecker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 18, 1862
(Month) (Day) (Year)

Immediate cause of death _____

Due to Asphyxia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Mason Town Penn;
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name David Longenecker

13. Birthplace Penn;
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Board

15. Birthplace Penn;
(City, town, or county) (State or foreign country)

16. (a) Informant Carl E. Longenecker

(b) Address Joplin Mo;

17. (a) Burial (b) Date thereof 4-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 4-27-1943 (b) Arthur S. Dickhoelter
(Date received local registrar) (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) (e) Means of injury D

23. Signature Arthur S. Dickhoelter (M. D. or other) _____

Address Joplin, Mo Date signed 4/26/43

Duration Several years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

43-4-423

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.....

Henry K. Hurlbut

Licensed Embalmer No.....

959

P. O. Address.....

Oppler 2200

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.