

FILED JAN 5 1943
Registration District No. 1929

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson H. LONGSHIE

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

(c) Name of hospital or institution:
5902 Thompson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days)

In this community 37 Years

3. (a) PRINT FULL NAME DOLLIE H. LONGSHIE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Edward A.

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

7. Birth date of deceased Feb. 7, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>15</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name George Crane

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

14. Maiden name Mary Prescott

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

16. (a) Informant Miss Laredo Longshie

(b) Address 5902 Thompson

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

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

(b) Address Kansas City, Mo.

19. (a) 12-24-43 (Date received local registrar)

(b) T. E. Brown (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. 5902 Thompson
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1943 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Dec. 18, 1943 to Dec. 22, 1943
that I last saw her alive on Dec. 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic pneumonia Duration 7 days

Due to Previous invalidism from apoplexy 2 yrs.

Due to Essential Hypertension 10 yrs.

Other conditions (include pregnancy within 3 months of death) 102

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? _____

23. Signature J. J. Pasick (M. D. or other) DO.

Address 5902 St. John Date signed 12/24/43

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..... *A. D. Blackman*.....

Licensed Embalmer No. *3639*.....

P. O. Address..... *K. C. 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.