

S. No. 2  
M-2-43  
5-17-39  
X3567

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH AND CHEMISTRY  
**FILED NOV 8 1945**  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34151

State File No. \_\_\_\_\_

Registration District No. 190 Primary Registration District No. 5114 Registrar's No. 105

1. PLACE OF DEATH  
(a) County McDonald  
(b) City or town Lanagan  
(c) Name of hospital or institution None  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County McDonald  
(c) City or town Lanagan  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME George Longmire  
(b) If veteran, name war None  
(c) Social Security No. None  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

20. DATE OF DEATH: Month May day 12th year 1945 hour 9 minute 30  
21. I hereby certify that I attended the deceased from May 1 1945 to May 17 1945  
that I last saw him alive on May 12 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 10 - 1872  
8. AGE: Years 72 Months 9 Days 2  
9. Birthplace Sedalia, Mo.  
10. Usual occupation Carpenter  
11. Industry or business Sawyer  
12. Name Joseph C. Longmire  
13. Birthplace Unknown Ind.  
14. Maiden name None  
15. Birthplace Unknown Ind.

Immediate cause of death arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Chas. Bonebrake  
(b) Address Lanagan, Mo.  
17. (a) Burial (b) Date thereof 5-15-45  
(c) Place: burial or cremation Lanagan  
18. (a) Signature of funeral director H. M. Humphrey  
(b) Address Sumner, Mo.  
19. (a) Oct 30 45 (b) Ina Marler

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
23. Signature H. O. Fountain (M.D. or other) H. O.  
Address Nacl Mo Date signed Oct 23

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,  
District File Number 1145-1092

Date Filed NOV 7 1945

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 *Mayne E Humphrey*

Licensed Embalmer No. *4262*

P. O. Address *Princeton, 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.