

S. No. 2
4-9-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6463**
Registrar's No. **52**

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Marion**
(c) Name of hospital or institution **Levering Hospital**
(d) Length of stay: In hospital or institution **1 day**
In this community **Lifetime**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Warren, Missouri**
(d) Street No. **1**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **John Longacre**
(b) If veteran, name war **No**
(c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **29**
year **1946** hour **9** minute **30** M.
21. I hereby certify that I attended the deceased from **1-29**, 19**46** to **1-29**, 19**46**
that I last saw him alive on **1-29**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color of race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Lydia Layton**
6. (c) Age of husband or wife if alive **1862** years
7. Birth date of deceased **October 12 1862**

Immediate cause of death **Cerebral Hemorrhage**
Due to **arterio sclerosis**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **1**
Of autopsy **30**

8. AGE: Years **83** Months **3** Days **17**
9. Birthplace **Marion Ohio**
10. Usual occupation **Retired farmer**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Elmer Longacre**
13. Birthplace **Ohio**
14. Maiden name **Lydia Frederick**
15. Birthplace **Ohio**

16. (a) Informant **Eugene Longacre**
(b) Address **Palmyra, Mo.**
17. (a) **Burial** (b) Date thereof **1/31/46**
(c) Place: burial or cremation **Warren cemetery Marion Co. Mo.**
18. (a) Signature of funeral director **Lewis Brown**
(b) Address **Palmyra, Mo.**
19. (a) **Jan 31-46** (b) **Dr. E. M. Lucke**

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?
23. Signature **E. M. Lucke** (M. D. or other)
Address **Marion** Date signed **1-31-46**

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 *Leo B. Lewis*
Licensed Embalmer No. 2382
P. O. Address *Deming, 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.