

FILED APR 22 1946

Registration District No.

Primary Registration District No. 5006

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. # 2, Greentop, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Greentop
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Ellen Lonberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Franklin Lonberger 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 12 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>20</u>	hr. _____ min.

9. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER, FATHER { 12. Name John Besanko
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bishop
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Longenger

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director SEE KEY

(b) Address Kirksville, Missouri

19. (a) 3-16-46 (b) Kate Lambert
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1946 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 16th, 1946 to March 1, 1946
that I last saw her alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Influenza

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Dillard Gubahn D. O. 2
Address Kirksville Mo Date signed 3-12-46

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

RECEIVED

District Health Officer No. 10

District File Number 4-46-815

Date Filed APR 19 1946

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 DEE Riley

Licensed Embalmer No. 4181

P. O. Address Kentville W

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.