

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

State File No. ....

FILED AUG 20 1946  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper Mo.  
(c) Name of hospital or institution Freeman's  
(d) Length of stay: In hospital or institution One day  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton  
(c) City or town Seneca  
(d) Street No. 0  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Inez Longenbaugh  
3. (b) If veteran, name war No.  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 5  
year 1946 hour 1:20 minute P.M.  
21. I hereby certify that I attended the deceased from 7-4 1946 to 7-5 1946  
that I last saw her alive on 7-5 1946  
and that death occurred on the date and hour stated above.

4. Sex M  
5. Color or race White  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct 15 - 1900

Immediate cause of death Interstitial nephritis  
Due to  
Due to

8. AGE: Years 45 Months 6 Days 10  
If less than one day hr min.

Other conditions  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Mo  
10. Usual occupation HWS  
11. Industry or business  
12. Name Chas. H. Hembree  
13. Birthplace Mo  
14. Maiden name Martha Chapman  
15. Birthplace Mo

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?

16. (a) Informant Records  
(b) Address  
17. (a) Date thereof July 7 - 46  
(b) Place: burial or cremation  
18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar 7-31-46  
(b) Registrar's signature

23. Signature Date signed 7-18-46

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

20016

46-7-643

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**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 J. W. Sumil  
Licensed Embalmer No. 830  
P. O. Address Richer Okla

**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.**