S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24263

Registrar's No. 3161

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 701 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 701 Woodland 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lola Elizabeth Longaker

3. (b) If veteran, name war no

3. (c) Social Security No. 491-22-4292

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Timothy Longaker

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 11 - 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	15	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name Roy Burnham
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Alta Conners
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Timothy Longaker
(b) Address 701 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Wm. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 7-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Mar 1, 1946, to July 26, 1947
that I last saw her alive on July 26, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Carcinoma, Type undetermined, original lesion just inferior to Vocal cords — 1 1/4 years
Due to
(2) generalized metastasis to lungs etc.
Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

47 N

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 Frederick E. Wade (M. D. or other) MD
Address 306 E 12 Date signed July 26, 1947

(Licensed Embalmer's Statement on Reverse Side)

Dr Frederick Wade 215 Argyle
1-2-[illegible]

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn 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.