M—1/47
r. 5-17-39

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

National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 749

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31305

Registrar's No. 3997

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 mos. 2 days (Specify whether years, months or days)
In this community 35 Years

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.: 640 Benton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Thomas R. Longshore

3. (b) If veteran, name war: No

3. (c) Social Security No.: 500-03-1240

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fannie Longshore

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

7. Birth date of deceased: Dec. 26th, 1868 (Month) 26th (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	22	hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business: Benton Theatre

FATHER
12. Name: William T. Longshore
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emmeline Rogers
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gerhard Fisher
(b) Address: 353 No Chelsea Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fort Scott, Kans.

18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 East 15th St.

19. (a) 9-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1947 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 16, 1947 to Sept. 18, 1947; that I last saw him alive on Sept. 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rhabdomyoma of tongue	
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations: 560	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed 9-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Carp

Licensed Embalmer No. 2955

P. O. Address 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.