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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12722

Registrar's No. 1801

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

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~~: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 7 DAYS. (Specify whether
In this community 1½ years
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. 15 West 57th Street 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. GEORGE LUFKIN LONGFELLOW, SR.

3. (b) If veteran, name war no

3. (c) Social Security No. 521-14-5516

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED

6. (b) Name of ~~husband or~~ wife MRS. KATHRINE EVE LONGFELLOW

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

7. Birth date of deceased NOVEMBER (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day hr. min.

9. Birthplace TITUSVILLE (City, town, or county) PENNSYLVANIA (State or foreign country)

10. Usual occupation BRANCH MANAGER

11. Industry or business CARMAN DISTRIBUTING CO - OMAHA, NEBR

FATHER
12. Name CHARLES LONGFELLOW
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

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

16. (a) Informant George L. Longfellow
(b) Address 15 W. 57th Street

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof April 25, 48 (Month, day, year)
(c) Place: burial or ~~cremation~~ CROWN HILL CEMETERY DENVER COLORADO

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 4-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23RD year 1948 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 16, 1948, to April 23, 1948 that I last saw him alive on April 22nd, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes	yrs
Arteriosclerosis	yrs

PHYSICIAN

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other)

Address KC MO Date signed 4-26-48

(Licensed Embalmer's Statement on Reverse Side)

1408 Waldheim Bldg.
1:30-5

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.