

No. 300
-10-47
5-17-39
-I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27958

State File No. _____

FILED SEP 13 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7744**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute e Paul Hospital?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Darke **99?**
(c) City or town Greenville **23**
(If outside city or town limits, write "RURAL")
(d) Street No. NR Route 1 **0**
(If rural, give location) **2**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1948 hour 8:30 minute _____ A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Herbert Longfellow
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: February 4 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 6 28 _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Alva Longfellow

13. Birthplace Darke Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Mae Viotor

15. Birthplace Darke Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Alva H. Longfellow
(b) Address Greenville, Ohio.

17. (a) Removal (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Ohio.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 2 1948 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

Immediate cause of death Fracture of 3d & 4th
cervicle vertebrae with cord injury;
when deceased dove into water which
was about three feet deep in the
Elcorn River, ten miles from
O'Neil, Nebraska, on Aug. 29, 1948.

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) Accident
(b) Date of occurrence Aug. 29, 1948

(c) Where did injury occur? Elcorn River, **136**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? no (Specify type of place)
(e) Means of injury see above

23. Signat. Dr. Alfred J. Perry (M. D. or other) **D.D.S.**
Address ... Date signed 9/2/48

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

1-17-9

Villi

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.....

W. W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address.....

St Louis 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.