No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36703

Registrar's No. 4596

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 315 W. 9 St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Longacre
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Jessie
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: June (Month) 14 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	25	hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) Mo
10. Usual occupation: Retired Salesman
11. Industry or business:
FATHER
12. Name: John T. Longacre
13. Birthplace: (City, town, or county) (State or foreign country) Mo.
MOTHER
14. Maiden name: Elizabeth Northland
15. Birthplace: (City, town, or county) (State or foreign country) Ky.
16. (a) Informant: Everett V. Clough
(b) Address: 110 N. Merrington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hill Cem.
18. (a) Signature of funeral director: Mrs. C. L. Foster
(b) Address: 918 Brooklyn, K. C., Mo.
19. (a) 11-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 9 year: 1948 hour: 12 minute: 50 A. M.
21. I hereby certify that I attended the deceased from Nov. 5, 1948, to Nov. 9, 1948; that I last saw him alive on Nov. 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis with myocardial infarction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: See above

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?
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Wm. W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 11-9-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Bridgens

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.