

STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5762** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Round Grove Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Round Grove Twp</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Ewing Mo RFD 2 0640</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ewing Mo RFD 2</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Francis</b>	b. (Middle) <b>Rebecca</b>	c. (Last) <b>Longacre</b>	(Month) <b>Feb</b>	(Day) <b>15</b>	(Year) <b>1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 13 1869</b>		9. AGE (In years last birthday) <b>85</b> 8 Months <b>2</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <b>Hastings Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.C.</b>

13a. FATHER'S NAME <b>John Howard Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Cramer</b>		14. NAME OF HUSBAND OR WIFE <b>Isaac Longacre</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Isaac Longacre</b> ADDRESS <b>Ewing Mo 2</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Arteriosclerotic Heart disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>4200</b> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1954**, to **1954**, that I last saw the deceased alive on **Feb 15, 1954**, and that death occurred at **2:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wyneth Hamlin MD</b> (Degree or title)		23b. ADDRESS <b>Palmira Mo.</b>		23c. DATE SIGNED <b>17 Feb 1954</b>	
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24a. BURIAL (Cremation, Removal, etc.) <b>Burial</b>		24b. DATE <b>2-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Andrew Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Marion Mo</b>	
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DATE REC'D BY LOCAL REG. <b>2/18/54</b>		REGISTRAR'S SIGNATURE <b>W.C. M. Lusk</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson &amp; Sons</b> ADDRESS <b>Marion Mo</b>	
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By **Paula Lee, Deputy** (Licensed Embalmer's Statement on Reverse Side)

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

20 FEB 1934

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 23 1934

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.