

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27084
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon 1 Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 165
 (c) City or of Nevada (d) Street No. Nevada Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 541 Emma Francis Honeywell
 (a) Residence, No. 302 S. 5th St. Nevada Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) MO - 0
 13. NAME Chaney Honeywell 1
 14. BIRTHPLACE (CITY OR TOWN) Conr (STATE OR COUNTRY) Penn. 0
 15. MAIDEN NAME M Martha Catherine Phillips
 16. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) MO -
 17. INFORMANT Mrs. J. F. Thurston (ADDRESS) Peoria, Arizona
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ripwood - DATE July 15, 1939
 19. FUNERAL DIRECTOR (NAME) Eichinger Funeral Home (ADDRESS) Nevada, Mo.
 20. FILED July 14, 1939 Allen V. Hays 1939 (Address) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939
 22. HEREBY CERTIFY, That I attended deceased from June 19, 1939, to July 12, 1939
 I last saw him alive on July 11, 1939. Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterio Sclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? No
 If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 (Signed) J. H. Love, M. D.
Nevada, Mo.

Date of issue
6/19
1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7;
District File Number 7-39-111
Date Filed 8-3-39

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.....

Mark Eickinger

....., Registered Apprentice No.

working under my personal supervision.

Signed

Mark Eickinger

Licensed Embalmer No.

26576

P. O. Address

Nevada, N

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, above space should be left blank.