

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

43812 X  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Laclede Registration District No. 277  
 (b) Township Mayfield Primary Registration District No. 3610 Registered No. 10  
 (c) City Richland Mo (d) Street No. \_\_\_\_\_  
 (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. da. 0 How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

525 Mariam Isabell Honsinger  
 (a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Honsinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1872</u>		
7. AGE	YEARS <u>97</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) (STATE OR COUNTRY) <u>Palatine Co Mo.</u>		
FATHER	13. NAME <u>Isaac N Riddle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Peggy Phal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>	
17. INFORMANT (ADDRESS) <u>James Honsinger Richland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>12/5-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>B. B. Lupton Richland Mo.</u>		
20. FILED <u>Dec-4 1939</u> <u>C. E. Cantor</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-39  
 22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1938, to 12-3, 1939  
 I last saw h. alive on 12-3, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis  
fractured femur  
Shock - 77 yrs.

Other contributory causes of importance:  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 fractured femur  
 Nature of injury fall  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. O. Honsinger M. D.  
 (Address) Richland Mo.

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.

1862  
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closed  
Rem 1/40

RECEIVED

District Health Officer No. 7;  
District File Number 47-40-6  
Date Filed 1-8-40

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.

Not Embalmed

Signed [Signature]

Licensed Embalmer No. 3198

P. O. Address Reckon Md

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.