

Registration District No. 372

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge 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 00 2

8. (a) PRINT FULL NAME Jessie Duffie Honaker

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased August 12, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Scotland, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name George Duffie
13. Birthplace Scotland, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Clara Spedic
15. Birthplace Scotland, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Reeva E. Ford

(b) Address Hollister, Mo.

17. (a) Burial (b) Date thereof 3-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Alma Kohmeyer

(b) Address Springfield, Mo.

19. (a) 3/18/40 (b) Chas. A. Edwards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Hollister
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1940 hour 5:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12/17, 1939, to 3/16, 1940;
that I last saw her alive on 3/15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip Duration 12/16/39

Due to and genital, chronic nephritis
hypostatic pneumonia edema

Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
Of operations Fracture of left hip.
Of autopsy Hypostatic pneumonia st. base
chronic & cystic nephritis; old fracture of l. hip.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident (fall)
(b) Date of occurrence 12/16/39
(c) Where did injury occur? Hollister, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home - fell and fractured left hip.
(Specify type of place) (e) Means of injury Fall

23. Signature J. M. Tucker (M. D. or other) M.D.
Address Springfield, Mo. Date signed 3/16/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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

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.

REV. 5-17-39
50M-5-17-39
U. S. G. P. 1 X1981

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.....

..... *Alvarez*, Registered Apprentice No. 204
working under my personal supervision. -

Signed *Raymond Hinkle*

Licensed Embalmer No. 3444

P. O. Address *Garrettsville*

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.

X