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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41323**

JAN 8 1949

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4716**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**The Childrens Mercy Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days 7 hrs.** (Specify whether

In this community **2 days 7 hrs.** years, months or days)

3. (a) PRINT FULL NAME **Violet Honeycutt**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

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

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **August 16, 1940**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **3** Days **23** If less than one day **0** hr. **0** min.

9. Birthplace **Kansas City, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business **-**

12. Name **Willard Honeycutt**

13. Birthplace **Van Buren, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Walter Roe**

15. Birthplace **Morgan County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Honeycutt**

(b) Address **736 A. Park Ave. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **12-12-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salmon Church**

18. (a) Signature of funeral director **Kenneth W. Stahl**

(b) Address **815 W. Maple Independence, Mo.**

19. (a) **12-11-40** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **736 Park** (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9<sup>th</sup>**  
year **1940** hour **8** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **12-7**, 1940, to **12-9**, 1940  
that I last saw her alive on **12-9-40** and that death occurred on the date and hour stated above.

Immediate Cause of Death  
**Pr. Bronch pneumonia**

Due to **pneumonia**  
Due to **10/10**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **same as post**  
Of autopsy **congestion of vascular organs**

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 **W. B. Riches** (M. D. or other)  
Address **136 E. Park Blvd.** Date signed **Dec. 10**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 \_\_\_\_\_

Licensed Embalmer No. 3181

P. O. Address Indep. 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.**