

No. 2
1-4-41
17-39

X28390
48

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20636

State File No.

2156

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4016 Campbell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community S since 1919 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4016 Campbell St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Kathleen Devine Honkomp

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Clemens J. Honkomp 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 6, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 26 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Devine

13. Birthplace La Porte, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Cacelia Nagel

15. Birthplace Bloomington, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Clemens J. Honkomp
(b) Address 4016 Campbell St.

17. (a) Removal (b) Date thereof June 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home
(b) Address 4316 Troost Ave.

19. (a) 6/4/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1941 hour 3.30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 5 1941
to June 2 1941
that I last saw her alive on June 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Crury. Duration 12 mo

Due to _____

Due to 49a

Other conditions 49a
(Include pregnancy within 8 months of death)

Major findings: Amalgamated
operations Carcinoma of Crury
Of autopsy Adamen.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. Signature Joseph M. ... (M.D. number) _____

Address 1103 Grand Date signed 6/2/41

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.....

Donald E. Jewick

Licensed Embalmer No.

3775

P. O. Address.....

R. P. M.

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.