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SEP 15 1941

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27991

Registration District No. 157 Primary Registration District No. 4091 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill Fire
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19 2 0
(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Jerry V. Hon
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex O M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma E. Hon
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 2 - 1847 - (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	2	15	hr. min.

9. Birthplace Bath Co (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Retired Farmer & Merchant
11. Industry or business
FATHER
12. Name John C. Hon
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Elizabeth L. Hawkins
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Frank Hon
(b) Address Pleasant Hill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cemetery
18. (a) Signature of funeral director D. A. Nofsinger
(b) Address Pleasant Hill Mo
19. (a) 8-20-41 (Date received local registrar) (b) Mrs. Etta M. Aldridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 2, 1941, to Aug 17, 1941;
that I last saw him alive on Aug 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Hrs
Due to Senility
Due to age
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy ✓

Duration

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

162B

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Albers (M. D. or other)
Address Pleasant Hill Mo Date signed 8-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill

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.