

FILED FEB 18 1942

Registration District No. **4-11**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin Mo. 11**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hours**
(Specify whether
In this community **12 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **906 1/2 Main**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES H. HONNBERG

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 16, 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **12** If less than one day hr. min.

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

10. Usual occupation **Painter & Decorator**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **11** 9 (City, town, or county) (State or foreign country)

14. Maiden name **11**

15. Birthplace **11** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. H. Counts**

(b) Address **906 1/2 Main - Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 30, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Thornhill - Dillon Mort**

(b) Address **Joplin, Missouri**

19. (a) **1-28-42** (b) **W. S. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **28**
year **1942** hour **11:54** minute **A. M.**

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure with hyperextension** Duration **Do not know**

Due to **asthma - arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____

Of autopsy _____

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. S. Jones** (M. D. or other)

Address **804 7th St. Bldg** Date signed **1-28-42**

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 *David Stilton*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.