

FILED APR 2 1942
Registration District No.

Primary Registration District No. 5413

Registrar's No.

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL UNION MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community LISE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural Union Mo
(If outside city or town limits, write "RURAL") 036
(d) Street No. 036
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Mar 4 1942
that I last saw him alive on Mar 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration Not known

Due to 93d
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No autopsy
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?
While at work? Y. L. Matthews (Specify type of place) (e) Means of injury
23. Signature Y. L. Matthews M.D. or other
Address Beaufort Mo Date signed 3/5/42

3. (a) PRINT FULL NAME EDWIN J. HONOLD

3. (b) If veteran, name war
3. (c) Social Security No. 496-12-8096

4. Sex M. O 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MAY 14 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 20
If less than one day * hr. * min.

9. Birthplace BEAUFORT MO
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

12. Name CHRISTOPHER HONOLD

13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name ANNA STREHLMANN

15. Birthplace Leslie MO
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Honold
(b) Address Beaufort Mo

17. (a) Burial (b) Date thereof March 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St John's Lutheran Cemetery

18. (a) Signature of funeral director C. H. Jensen
(b) Address Beaufort Mo
19. (a) Mar 9-42 (b) Conrad A. Rieger
(Date received local registrar) (Registrar's signature) 1814

360000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 17 1949

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.....

E. H. Jenne

Registered Apprentice No.....

working under my personal supervision.

Signed *E. H. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.