

FILED SEP 28 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30555

State File No. ....

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 10

49  
0  
0  
WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural--Mineral Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 1, Webb City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community 54 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Ira Honey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 14 1887  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
year 1942 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I did not see him alive  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

8. AGE: Years 54 Months 8 Days 17  
If less than one day  
hr. 4 min.

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 94 lb

9. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Willard Honey

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

14. Maiden name Mary Carlyle

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

16. (a) Informant Will Honey  
(b) Address Route 2, Jasper, Missouri

17. (a) Burial (b) Date thereof Sept. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri

19. (a) Sept. 4, 1942 (b) M. M. Lillidge  
(Date received local registrar) (Registrar's signature)

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? (Specify type of place) (c) Means of injury  
23. Signature P. A. Helstad (M. D. or other)  
Address Carthage Mo. Date Sept 1, 42

1180

42-9.768

SEP 28 1942

**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

*John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.**