V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22223

Registration District No. 7-3 Primary Registration District No. 5 9 84 Registrar's No. 80

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland (If outside city or town limits, write "RURAL" and name of township) Tp. Wm M
(c) Name of hospital or institution: Rural 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Richland (If outside city or town limits, write "RURAL") 85
(d) Street No. Rural (If rural, give location) 8
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME CLARISSA C. HONSSINGER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emmer Honsinger
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 20 (Day) 1895 (Year)
8. AGE: Years 47. Months 9 Days 17. If less than one day ..... hr. ..... min.
9. Birthplace Hazlegreen (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business John McDaniel
FATHER 12. Name Tennessee
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margret Hendrix
MOTHER 15. Birthplace Hazlegreen (City, town, or county) Mo (State or foreign country)
16. (a) Informant Emmer Honsinger
(b) Address Richland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hazlegreen
18. (a) Signature of funeral director R M Draper
(b) Address Richland
19. (a) June 17 43 (Date received local registrar) (b) Chas. M. Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 17, year 1943 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 15 1943, to May 17 1943; that I last saw him alive on May 17 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Stomache 6 months
Due to: unknown
Due to: 46 f
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Cancer of Stomache
Of autopsy: none

Duration

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Everett A. Oliver M.D. (M. D. or other)
Address Richland Mo. Date signed 5/17/1943

117 Lydia Dodd Dep. Reg. (Recorded by Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
6-23-29
6-21-43

FEB 26 1953

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 R A Dieper

Licensed Embalmer No. 3198

P. O. Address Richmond

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.