

FILED JUN 8 1944

Registration District No. 8 1944

Primary Registration District No. 3000

Registrar's No. 120

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Irvin Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James H. Hone
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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 30 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter Hone

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

14. Maiden name Hannett

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

16. (a) Informant John A. Hone
(b) Address Kennett City, Mo.

17. (a) Removal (b) Date thereof 5-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ree A. Walker

18. (a) Signature of funeral director Ree A. Walker

(b) Address Kennett City, Mo.

19. (a) 5/11/44 (b) Mrs. J. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Knox Co.
(c) City or town Kennett City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 5 minute 09 P.M.

21. I hereby certify that I attended the deceased from May 10, 1944, to May 11, 1944,
that I last saw him alive on May 11, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Coronary atherosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

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 E. B. Smith (M. D. or other) _____
Address Kennett City, Mo. Date signed 5/11/44

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

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

2
43
39
K35697

RECEIVED

District Health Officer No. 10

District File Number 6-44-1052

Date Filed JUN 7 1944

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

Licensed Embalmer No. 684

P. O. Address

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.