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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17497

FILED MAY 17 1944

Registration District No. 1944

Primary Registration District No. 1022

Registrar's No. 421

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Gentry, 38

(c) City or town Albany, (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Hattie May Jonagan,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dolph W. Jonagan

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

7. Birth date of deceased December 10th. 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	10	hr. min.

9. Birthplace Havensville, Kansas, 1 (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Everett Schoonover,
13. Birthplace Unknown, Illinois, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Smith,
15. Birthplace Garden Grove, Iowa. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Schoonover,

(b) Address Horton, Kansas,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/44, (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Missouri,

18. (a) Signature of funeral director Heaton-Belgole Boedman

(b) Address 319 So. 10th. Street,

19. (a) 4/20/44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th. year 1944 hour 1:00 minute 10 p M.

21. I hereby certify that I attended the deceased from 4/18/44, 19__, to 4/20/44, 19__; that I last saw her alive on 4/20/44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	
Due to Carcinoma of Breast	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations	
Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph L. Fisher (M. D. or other)

Address 824 Edmond St Joseph Mo Date signed 4/20/44

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(Licensed Embalmer's Statement on Reverse Side)

Father

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.