

FILED OCT 11 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 719 (117) Frankford Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN MARTIN HONAN

3. (b) If veteran, name war no 3. (c) Social Security No. 709-13-143

4. Sex Male 5. Color or race white 6. (a) Single widowed married, divorced Widowed
7. (b) Name of husband or wife Anna Jane Delaney 6. (c) Age of husband or wife if 48 years
7. Birth date of deceased 3/26 (Month) 1871 (Day) (Year)

8. AGE: Years 73 Months 5 Days 22 If less than one day _____ min.

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

10. Usual occupation Carpenter - Rotor

11. Industry or business Pike Road

12. Name Patrick Honan

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

14. Maiden name Bridget McLaughlin

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

16. (a) Informant Miss Harold Bearman (daughter)

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Sept 21/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director J. Kelly

(b) Address Louisiana Mo
19. (a) 9-18-44 (b) J. Kelly (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 18 year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1 to Sep 18, 1944, that I last saw him alive on Sep 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 7 day

Due to: Arterio Sclerosis Long time

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

Major findings: 940 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 J. M. Carson (M. D. opening) Address Louisiana Mo Date signed 9-18-44

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

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

78.000 emp
and
marriage
1937

RECEIVED

District Health Officer No. 10

District File Number 10-44-1724

Date Filed OCT 10 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.....

George O. Wagner

Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana 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.