S. No. 2
DM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1944

Registration District No. 2 8 6

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39032

Primary Registration District No. 6208

Registrar's No. 47

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Harts Horn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ozark Rural
(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 Sixty Years

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

3. (a) PRINT FULL NAME SYRA G. HONEYCUTT
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race WHT
6. (a) Single, widowed, married, divorced M-1
6. (b) Name of husband or wife WILLIAM HONEY CUTT
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 11 (Day) 1870 (Year)

8. AGE: Years 70 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
MOTHER FATHER
12. Name PENDALAN DOW HONEYCUTT
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name SARAH DURHAM
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)
16. (a) Informant HATTIE KOENIG DAUGHTER
(b) Address HARTSHORN MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation SUMMERSVILLE, MO
18. (a) Signature of funeral director Lynn Evans
(b) Address Houston, Mo
19. (a) Nov. 21-44 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5 year 1944 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from OCT 15 1944 to NOV 5 1944 that I last saw him alive on NOV 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Due to Carcinoma of Liver
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Dr Lovere Hampton (M. D. or other) M.D.
Address Summersville Date signed Nov 17

1270

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 124591
Date Filed 12-8-44

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.....

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.