. No. 2
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5-17-39
X37823

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. 41013

FILED JAN 11 1946

Registration District No. 82 Primary Registration District No. 3617 Registrar's No. 142

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Elm St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Fred Honerbrink
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 Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March (Month) 6 (Day) 1867 (Year)
8. AGE: Years 78 Months 9 Days 4 If less than one day ___ hr. ___ min.
9. Birthplace Cleveland, (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business
MOTHER FATHER
12. Name Ernest Honerbrink
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Barbara Eisele
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred Ohlendorf.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Goodman & Holl
(b) Address Boonville, Mo.
19. (a) Dec 11-45 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1945 hour 1 minute 35 p.m.
21. I hereby certify that I attended the deceased from Dec 4, 1945, to Dec 10, 1945, that I last saw him alive on Dec 10, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	7 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 J. C. Tincher (M. D. or other) M.D.
Address Boonville Mo Date signed 12/11/45.

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(Licensed Embalmer's Statement on Reverse Side)

1-9-46

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.