

S. No. 2  
M-2.43  
5-17-39  
P-1 X35697

Dr Dameron  
41103  
State File No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registrar's No. 16

FILED JAN 13 1947  
Registration District No. 166

Primary Registration District No. 4254

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Knob Noster Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 all her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Johnson 51

(c) City or town Knob Noster Mo 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVIA LEE HONEY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex female

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 Sept. 7-1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>23</u>	hr. <u>0</u> min.

9. Birthplace Johnson Co Mo-Rural  
(City, town or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

12. Name Wm. Lawrence Honey

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

14. Maiden name Betty Hour

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

16. (a) Informant E. C. Parrott

(b) Address Knob Noster Mo

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof JAN 1 '47  
(Month) (Day) (Year)

(c) Place: burial or cremation City Cem. 16th St. Mo

18. (a) Signature of funeral director Ch. Saults

(b) Address Knob Noster Mo

19. (a) Dec 31 1946 (Date received local registrar)

(b) Erma R. Beatty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1946 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 28 1946 to Dec 30 1946  
that I last saw her alive on Dec 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 19 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral decomposition 8 days  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 106

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature Dr Dameron Md (M. D. or other) \_\_\_\_\_

Address Waverly Mo Date signed 12-31-46

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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~~.....

*C. L. Saulsb*

..... Registered Apprentice No. ....

working under my personal supervision. .

Signed *C. L. Saulsb*.....

Licensed Embalmer No. *1086*.....

P. O. Address *Knob Hostetler Rd*.....

**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.**