

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

1. PLACE OF DEATH:

(a) County Chay

(b) City or town Smithville
(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)

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

In this community 40 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chay 214

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME ARMINTA HON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1947 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 30 70
1940 to April 19 1947
that I last saw her alive on April 19 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, ~~married~~ SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased JUNE 26 1891
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to Hypertension

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.

8. AGE: Years 75 Months 8 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business SAME

12. Name ARMINGER HON

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

14. Maiden name ARMINDA DARTLE

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

16. (a) Informant S.A. McComas

(b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof April 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Missouri

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville Missouri

19. (a) April 20 - 1947 Beulah Kitchew
(Date received local registrar) (Registrar's signature)

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 Beulah Kitchew (M. D. certifies) _____

Address Smithville Date signed 4/19/47

RECEIVED

District Health Center No. 0,

District File Number _____

Date Filed 5-7-47

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 CH

Ronald W. Hanks, Registered Apprentice No. 425

working under my personal supervision.

Di
A

Signed Don J. Bonney

Licensed Embalmer No. 2970

P. O. Address Smithville, 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.