

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21000
2444
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memoria
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jerry Frank Hon

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Leland Hon 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 3 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Pleasant Hill, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Fieldman for Missouri State tax

11. Industry or business _____

12. Name Jerry Hon
13. Birthplace ? Ky. (City, town, or county) (State or foreign country)

14. Maiden name Erna Elizabeth Parrott
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Hon
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 6-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) 6-4-47 (b) Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1947 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from 31 May
1947 to 1 June 19 47
that I last saw him alive on 1 June 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 48 HRS
Due to CORONARY ATHEROSCLEROSIS Sev. yrs.

Due to _____
Other conditions (include pregnancy within 3 months of death) 93 d

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) NA
(b) Date of occurrence NA
(c) Where did injury occur? NA (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NA
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature AW Eklund (M. D. or other) MD
Address Pleasant Hill, Mo. Date signed 6-2-47

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

MOTHER FATHER

MAR 30 1948

FEB 6 1958

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.....

By me 6-2-47

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

working under my personal supervision.

Signed *Allen Bunsford*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.