

State Office of Vital Statistics  
FILED JUL 17 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5287

Registrar's No. 86

1. PLACE OF DEATH:  
 (a) County: Platte  
 (b) City or town: Lecky RFD #3  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: all of life  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Mo (b) County: Platte  
 (c) City or town: Lecky RFD #3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: R.F.D. #3 Fishing P. trap  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: ERNEST F. HONG  
 (b) If veteran, name war: \_\_\_\_\_ (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: July day: 1  
 year: 1948 hour: 2 minute: 15 AM

4. Sex: male 5. Color or race: Wh  
 6. (a) Single, widowed, married, divorced: married  
 6. (b) Name of husband or wife: Myrtle  
 6. (c) Age of husband or wife if alive: 60 years  
 7. Birth date of deceased: Jan 24 1888  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not 1928 to July 1 1948  
 that I last saw him alive on June 29 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Congestive heart failure  
 Duration: 4 hr.

8. AGE: Years: 60 Months: 5 Days: 25  
 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: Pneumonia heart disease  
 Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace: Lecky RFD #3 Mo  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations: 45  
 Of autopsy: \_\_\_\_\_  
 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) \_\_\_\_\_ (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 \_\_\_\_\_

10. Usual occupation: farmer

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

12. Name: Edwin Hong  
 13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name: Edna Madeline  
 15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant: Myrtle Hong  
 (b) Address: Lecky RFD #3

17. (a) Reinterment (b) Date thereof: 7/1/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Keamy Mo

18. (a) Signature of funeral director: Churchman  
 (b) Address: Lecky Mo

19. (a) July 1 1948 (b) Barclay Hatching  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause of which death should be charged statistically.

23. Signature: Thom W. Hatcher (M. D. or other)  
 Address: Lecky Mo Date signed: 7/1/48

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-15-48

FEB 23 1948

DEC 27 1948

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.....

Harold S. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed.....

John J. Forber

Licensed Embalmer No. 33 444

P. O. Address Liberty St

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.