

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4947

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 407

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">38 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">3715 Bellefontaine</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3715 Bellefontaine</p>		
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Deliah</p>			b. (Middle) <p style="text-align: center;">HONL</p>			
c. (Last) <p style="text-align: center;">HONL</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Jan. 26, 1949</p>			
5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">Aug. 24, 1868</p>	9. AGE (In years last birthday) <p style="text-align: center;">80</p>	IF UNDER 1 YEAR Months   Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">At home</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Chicago, Illinois</p>		
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>		13a. FATHER'S NAME <p style="text-align: center;">Thomas McDonald</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Bridget Kelley</p>		
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Raymond Honl</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Raymond Honl, 3715 Bellefontaine, KC, Mo.</p>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory bronchitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cardiac Weakness</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">581.0</p>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>6.15</u> , 1947, to <u>1.27</u> , 1949, that I last saw the deceased alive on <u>1.26</u> , 1949, and that death occurred at <u>12:15</u> p.m., from the causes and on the date stated above.						
23a. SIGNATURE <p style="text-align: center;">J.R. Hall M.D.</p>		(Degree or title) <p style="text-align: center;">R. Hall, M.D.</p>		23b. ADDRESS <p style="text-align: center;">633 E. 72nd St</p>		
23c. DATE SIGNED <p style="text-align: center;">1.27.49</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">1-28-49</p>		
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mount St. Mary's</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>		DATE REC'D BY LOCAL REG <p style="text-align: center;">1-18-49</p>		
REGISTRAR'S SIGNATURE <p style="text-align: center;">Deraldine Holmes</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Melody-McGilley-Eylar, Kansas City, Mo.</p>				

Dr. Hail  
11 + d + Hail  
(633 E. 72d)

STATEMENT BY LICENSED EMBALMER

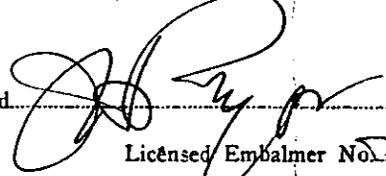
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

C. Dean Cole

Student Embalmer No. 408

working under my personal supervision.

Student C. Dean Cole  
Student Embalmer

Signed   
Licensed Embalmer No. 2499  
P. O. Address 11 + d + Hail

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.