

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1952

827

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 18KG		d. STREET ADDRESS (If rural, give location) 4118-NORLEDGE 3070	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4118-NORLEDGE			

3. NAME OF DECEASED a. (First) RIKA b. (Middle) HONKE c. (Last) HONKE			4. DATE OF DEATH (Month) (Day) (Year) FEB 20-1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 10-9-1866		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME CARL ECKLE	

13b. MOTHER'S MAIDEN NAME WNK		14. NAME OF HUSBAND OR WIFE CLEMENT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Honke		ADDRESS K.C. Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Mild Virus Hepatitis.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Jan 31, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE Frank E. Day (Degree or title)		23b. ADDRESS 4314 89th, K.C. Mo		23c. DATE SIGNED 2-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB 20-1952		24c. NAME OF CEMETERY OR CREMATORY LINCOLN NEG	
24d. LOCATION (City, town, or county) LINCOLN NEG		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. 2-21-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] K.C. Mo	

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

MAY 24 1952

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *[Signature]*
Licensed Embalmer No. *3625*
P. O. Address *R.C. No*

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.