

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13956  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1668  
 (c) City Kansas City (d) Street No. San. Hospital. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles O'Neil Charles O'Neil  
 (a) Residence, No. 246 Zaportanga, Blue Springs, Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED Married  
 HUSBAND OF Jemmi O'Neil  
 OR WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1876  
 7. AGE YEARS 63 MONTHS 5 DAYS 19 If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 4-17-40 11. Total time (years) spent in this occupation All  
 12. BIRTHPLACE (CITY OR TOWN) New York City (STATE OR COUNTRY) N.Y.  
 13. NAME David O'Neil  
 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 5  
 15. MAIDEN NAME Unknown 5  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland  
 17. INFORMANT Mrs. Mable Jemmi O'Neil (ADDRESS) Blue Springs, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Crem. PLACE Memorial Park DATE 4-20-40  
 19. FUNERAL DIRECTOR (NAME) Sundt (ADDRESS) 6701 Grand, K.C., Mo.  
 20. FILED April 19, 1940 M. M. Kerome Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-40  
 22. I HEREBY CERTIFY, That I attended deceased from 6:50 AM  
 I last saw him Deputy Coroner Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
External Hemorrhage Date of onset \_\_\_\_\_  
Laceration of the neck  
Subdural Hemorrhage, right  
 Other contributory causes of importance: 174  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 4-18-40  
 Where did injury occur? K. C., Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Do not know  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) K. E. M. M. D.  
 (Address) K. E. M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, Apr. 18, 1940

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

G W Hawthorne

Licensed Embalmer No. 3845

P. O. Address 6900 Floods KC. 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, above space should be left blank.**