

SEP 16 1940

Registration District No. 400

Primary Registration District No. 55522

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prescott Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 10 yrs
(Specify whether years, months or days) 11.0

8. (a) PRINT FULL NAME Morris O'Neal

8. (b) If veteran, name war ✓ 8. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown 1844
(Month) (Day) (Year)

8. AGE: Years 96 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McCarthy

(b) Address Little Blue, Mo

17. (a) removal (b) Date thereof Aug 3 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkaville

18. (a) Signature of funeral director Better

(b) Address R. O. No

19. (a) 8-20-40 (b) David S. Lane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour _____ minute 6 a.m.

21. I hereby certify that I attended the deceased from June 1940 to July 31, 1940
that I last saw him alive on July 30, 1940
and that death occurred on the date and hour stated above

Immediate cause of death _____

Myocarditis Ch.

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) none

Major findings: Of operations _____

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) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 932

(Specify type of place) _____
Where _____ (City or town) (County) (State)

23. Signature W. J. McCarthy MD (M. D. or other) 1

Address Little Blue July 21-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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

Signed.....

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.