

No. 2
-11-10-39
5-17-39
I X210

OCT 10 1940
Registration District No. **85**

Primary Registration District No. **5127**

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

1. PLACE OF DEATH:
(a) County **Buchanan** *Wash Twp*
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None #4 Ayr Lawn Add.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Mo. 25 Days** (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Janice Sue O'Neill**
3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive. **No.** years
7. Birth date of deceased **July 5, 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 20 hr. min.

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None Baby**
11. Industry or business **None**

MOTHER FATHER
12. Name **Robert O'Neill**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Evelyn Scott**
15. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mother (Mrs. Robert O'Neill)**
(b) Address **# 4 Ayr Lawn Add.**

17. (a) **Burial** (b) Date thereof **Sept 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ashland, Cemetery**

18. (a) Signature of funeral director **John E. Rupp**
(b) Address **6054 Pryor Ave**

19. (a) **9/26/1940** (b) **J. Hestle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **# 4 Ayr Lawn Addition**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25th**
year **1940** hour **9** minute **30** A.M.
21. I hereby certify that I attended the deceased from **Sept 25th**
1940, to **19**;
that I last saw him **viewed** on **Sept 25th**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia following a cold**

Due to.....
Due to..... **1070**
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **none**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

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While at work? (Specify type of place) (e) Means of injury.
23. Signature **B.W. Tadlock** **Coroner**
(M. D. or other) **5**
Address **King Hill Bldg** Date signed **9/26/40**

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John E. Papp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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.