

FILED MAY 4 2 1942
Registration District No. 901

Primary Registration District No. 6209

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Webster West Benton

(b) City or town rural West Benton

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME John F. Oneth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mahaska

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

7. Birth date of deceased: April 1 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>APR</u>	<u>14</u>	_____hr. _____min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name John Oneth

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Alsprich

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mahaska Oneth

(b) Address Rogersville Mo.

17. (a) Burial (b) Date thereof Apr 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Kelley and Ferrell

(b) Address Rogersville Mo.

19. (a) April 25-42 (b) Susie O. Banach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural 112
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1942 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 1 - 1941
_____ 19____ to April 15 1942
that I last saw him alive on April 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work _____ (Specify type of place)
(a) Means of injury _____

23. Signature J. W. Wade (M. D. or other)
Address Rogersville Mo. Date signed 4/24/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 542-613

Date Filed MAY 9 1942

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.....

P. O. Address.....

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.