

SEP 3 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3097

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)

In this community 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1101 E. 11th St. Apt. 16
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mabel O'Neal

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race Wh.

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

6. (b) Name of husband or wife Chas. O'Neil

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased June 20 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 24

If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Edward Temme

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

14. Maiden name Missouri A. Woods

15. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Schroder

(b) Address 3130 Spruce

17. (a) Burial (b) Date thereof 8-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 8-17-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1942 hour 12 minute 37 A.M. or P.M.

21. I hereby certify that I attended the deceased from 8-7-42 19 to 8-15-42 19;
that I last saw him alive on 8-15-42 19;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE; DIABETES

Due to 61

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy None

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? _____

(Specify type of place) _____

While at work? _____ Means of injury 0

23. Signature J. R. Thom (M. D. or other) _____
Address Med. Dir. K. General Hospital Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

MAR 2 4 1944

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..... *Chas Weicks*

Licensed Embalmer No. *2644*

P. O. Address... *1800 Linwood*

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.