

FILED AUG 24 1942

Primary Registration District No. 1227-5535 Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains, Mo. Rt. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At residence Howell Trwp
(If not in hospital or institution, write street number or location)

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

In this community 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains Rt. #1
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME EUGENIA O'NEAL

MEDICAL CERTIFICATION

3. (b) If veteran, name war X 3. (c) Social Security No. X

20. DATE OF DEATH: Month Feb. day 18 year 1942 hour 3 minute 30 a. M.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Feb. 16, 1942 to Feb. 18, 1942 that I last saw her alive on Feb. 17, 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death Premature Birth 7mo

7. Birth date of deceased Feb. 16, 1942
(Month) (Day) (Year)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>9 hr. 40 min.</u>

Due to _____

9. Birthplace West Plains, Mo. 1 Missouri
(City, town, or county) (State or foreign country)

Other conditions 159
(Include pregnancy within 3 months of death)

10. Usual occupation X

11. Industry or business X

PHYSICIAN

12. Name Tom O. O'Neal

Major findings: Of operations _____

13. Birthplace Howell Township Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Elsie C. Catherine

15. Birthplace Izard Co. Ark.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Tom O'Neal

(a) Accident, suicide, or homicide (specify) _____

(b) Address West Plains, Mo. Rt. 1

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 2/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Sadie Brown Cemetary

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

18. (a) Signature of funeral director Nancy

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

(b) Address West Plains, Missouri Rt. 1

23. Signature Arthurburg (M. D. or other) M.D.

19. (a) 2-18-42 (b) _____
(Date recorded by local Registrar) (Registrar's signature)

Address West Plains, Mo. Date signed 2/18/42

RECEIVED

District Health Officer No. 5.

District File Number. 842688

Date Filed _____

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.