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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27447

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
McCune Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Jasper 999

(c) City or town Tulsa 34
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2702 E Admerial Place
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Margaret Winifredd O'Neill

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) 30 (Day) 1872 (Year)

8. AGE: Years 70 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant John O'Neill
(b) Address Tulsa Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/ (Month) 11/42 (Day) (Year)
(c) Place: burial or cremation Tulsa Okla.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.

19. (a) Aug. 11, 1942 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....
that I last saw h..... alive on Did not see her alive 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and shock

Due to Automobile Accident Resulting from Tire

Due to Flow-out

Other conditions 8
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C-28

Of autopsy

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) Accident
(b) Date of occurrence Aug 10.42. 054
(c) Where did injury occur? Highway (City or town) Lawrence (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #66
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature R. N. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Aug 11 1942

1203 (Licensed Embalmer's Statement on Reverse Side)

42.8.690

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mis.

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.