

FILED JUL 19 1943

Registration District No. **149**

Primary Registration District No. **1002**

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **June 30 - 7-2-43**
(Specify whether)

In this community **1 year**
years, months or days

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. **4535 Main Street**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Johnny Oneal**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-12-0813**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **August 21 1911**
(Month) (Day) (Year)

8. AGE: Years **31** Months **10** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Columbus Miss. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

12. Name **John Oneal**

13. Birthplace **Columbus Miss. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Mitchell**

15. Birthplace **Columbus Miss. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ivy L. Glaspie**

(b) Address **2651 Midland, Memphis, Tenn.**

17. (a) **burial** (b) Date thereof **7/9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Jackson Bros**

(b) Address **1729 Lydia**

19. (a) **7-9-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1943** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **6/30/43** to **7/2/43** that I last saw **alive** on **7/2/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Peritonitis**

Due to **Cholelithiasis**
(Cholecystitis)

Other conditions **no** **no**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no** **no**

Of autopsy **no** **no**

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

(a) Accident, suicide, or homicide (specify) **no** **no**

(b) Date of occurrence **no** **no**

(c) Where did injury occur? **no** **no**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no **no** **no**

While at work? **no** **no** **no**
(Specify type of place) (e) Means of injury

23. Signature **Henry B. Taylor** (M. D. or other) **no**
Address **1605 1/2 - 18th** Date signed **7/7/43**

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

MOTHER FATHER

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 *J. Manlove*
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.