

FILED NOV 9 1943

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 1217

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 321 No. 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha Viola O'Neill

3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-9530

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert A. O'Neill 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 19 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Harvey N Boling

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

14. Maiden name Matilda Jorgeson

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

16. (a) Informant Robert A. O'Neill

(b) Address St Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cem. Barnes Ks.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Missouri

19. (a) 11-1-43 (Date received local registrar) (b) Rae Keigoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 25 1943 to 10-30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Flu - hepatitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1318

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address St Joseph Mo. Date signed 11-1-43

Duration (P)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 1 1943

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.....

working under my personal supervision.

~~Registered Apprentice No.~~

Signed.....

Robert H. Yapple

Licensed Embalmer No.

3708

P. O. Address.....

Dr. Joseph, Mo.

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.