

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

Registration District No. 47

Primary Registration District No. 5764

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
R# 61 Fulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

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

(d) Street No. R# 61 Fulton
(If rural, give location)

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

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

3. (b) If veteran, name war No

3. (c) Social Security No. was

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife David O'Neal

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Jan 17 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 1944 hour 4 minutes a.m.

21. I hereby certify that I attended the deceased from April 1943 to 3-13 1944
that I last saw her alive on 3-4 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death: Pulmonary Tuberculosis

Duration several years

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

10. Usual occupation Housewife

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Rhodanizer

13. Birthplace Wk 9
(City, town, or county) (State or foreign country)

14. Maiden name Wk

15. Birthplace Wk 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Joe O'Neal

(b) Address Fulton, Missouri

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? _____

17. (a) Burial (b) Date thereof 3/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director W. Wallace

(b) Address Fulton, Missouri

19. (a) 3-14-1944 (b) Jose Mouskoff
(Date received local registrar) (Registrar's signature)

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

23. Signature W. O. Payne (M. D. or other) _____
Address R# 6 Fulton Date signed 3/15/44

114

JAN 8 1954

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-10-44

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..... *E. E. White*

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.