S. No. 2
M—9-4-41
5-17-39
I X29484

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

23037

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 197 Primary Registration District No. 1002 Registrar's No. 3210

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: 14 East 34th Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 14 East 34 Terrace (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Miss Alice O'Neill

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 Sept. 10, 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Scranton, Penn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Clerk (Retired)

11. Industry or business K.C. Mo. Health Dept.

FATHER
12. Name Bernard O'Neill
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Finerty
15. Birthplace New York (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs J. W. Robin

(b) Address 14 East 34th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home

(b) Address 4316 Troost Ave.

19. (a) 8-5-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th. year 1944 hour 11.05 P.M. minute M.

21. I hereby certify that I attended the deceased from 8-13-'42, 19, to, 19; that I last saw her alive on 8-4 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertensive-Rheumatic Cardio Vascular disease	
Due to c̄ Auric Fibrillation & decompensation	5 yrs
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations —
Of autopsy —

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) —

(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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Frank Bleitzer (M. D. or other) MD

Address 924 Prof Bldg K.C. Mo. Date signed 8-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Turk

Licensed Embalmer No. 3775

P. O. Address R. P. Md

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.