

S. No. 2
4-8-43
5-17-39
I X37823

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

FILED OCT 11 1944

Registration District No. _____ Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Wodaway

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

(c) Name of hospital or institution: St. Francis hospital 0
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wodaway 74

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

(d) Street No. 118 So. Market
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Augusta O'Neal

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 3, year 1944 hour 1 minute 30 A.

4. Sex female

5. Color of race white

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

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

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

7. Birth date of deceased: Oct. 10, 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1944, to Oct 3rd, 1944
that I last saw her alive on Oct 2nd, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

92	11	23	hr. min.
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Immediate cause of death Fractured left femor 5 days

Due to Pneumonia 3 day

9. Birthplace Near Freeport Illinois
(City or town or county) (State or foreign country)

10. Usual occupation Housewife

Due to Cardiac decompensation

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Sidney A. Peck

13. Birthplace Green County N.Y.
(City or town or county) (State or foreign country)

14. Maiden name Eliza A. Stanton

15. Birthplace Green County N.Y.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Edna O'Neal

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 10-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) Oct 6-44 (b) Ann Barber
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 74

(b) Date of occurrence Sept 27-44

(c) Where did injury occur? (Home) Wodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home Maryville Mo
(Specify type of place) (e) Means of injury fall

23. Signature L. B. Dean (M.D. or other) _____
Address Maryville Mo Date signed 10-3-44

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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.