

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1945

Registration District No.

Primary Registration District No. 1000

Registrar's No. 457

1. PLACE OF DEATH

(a) County Beecham
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph Hospital
(d) Length of stay: In hospital or institution 15 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Beecham
(c) City or town St. Joseph
(d) Street No. 2110 North 4
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Frank O'Neera

3. (b) If veteran, name war

no

3. (c) Social Security

491-09-3514

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1945 hour 8:40 minute 2 A.M.

21. I hereby certify that I attended the deceased from April 16th 1945 to 19.....

4. Sex

Male

5. Color or race White

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

6. (b) Name of husband or wife Annie

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: Oct 23 1907
(Month) (Day) (Year)

8. AGE:

Year 42 Months 5 Days 23
If less than one day hr. min.

9. Birthplace: St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Emp. W. Walker Sales Co.

11. Industry or business

Radio

12. Name: James W. O'Neera

13. Birthplace: St. Joseph, Mo.

14. Maiden name: Christina M. O'Neera

15. Birthplace: St. Joseph, Mo.

16. (a) Informant: Annie O'Neera

(b) Address: St. Joseph, Mo.

17. (c) Date thereof: 4/19/45
(Month) (Day) (Year)

(c) Place: burial or cremation: St. Joseph, Mo.

18. (a) Signature of funeral director: James F. ...

(b) Address: St. Joseph, Mo.

19. (a) 4-19-45 (Date received local registrar) (b) Frank O'Neera (Registrar's signature)

that I last saw him alive on April 16th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured skull and internal injuries received when struck by an Automobile

Due to

Due to

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: none
Of autopsy: none

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): Accident

(b) Date of occurrence: April 1st 1945

(c) Where did injury occur?: St. Joseph, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

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

23. Signature: B. W. Tadlock Coroner

Address: St. Joseph, Mo. Date signed: 4/17/45

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

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 Roy Slawey*

Licensed Embalmer No. *24357*

P. O. Address *H. Joseph*

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.