. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24480

FILED AUG 14 1945

Registration District No. 210 Primary Registration District No. 5768 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: — 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Harrison Township 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Francis E. O'Neal

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of ~~husband~~ or wife if alive 65 years

7. Birth date of deceased March (Month) 21 (Day) 1875 (Year)

8. AGE: Years 70 Months 4 Days If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marion O'Neal
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Bryd
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Sarah O'Neal

(b) Address Cainsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Grant

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton Mo

19. (a) 7-28-45 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 1 minute 7 p. M.

21. I hereby certify that I attended the deceased from June 22 1945 to July 21 1945; that I last saw him alive on July 21 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach	8 mos
Due to ~~Sta~~ Exhaustion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

46b

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) No

(b) Date of occurrence

(c) Where did injury occur? No (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 0

23. Signature A. S. Bristow (M. D. or other) M.D.

Address Bristow Bldg Princeton, Mo Date signed 7/23/45

1367 (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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed Noel Mason

Licensed Embalmer No. 2634

P. O. Address Princeton MW

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.