

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 28 1945

Registration District No. 5-9 Primary Registration District No. 5234

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural west Plouin
(c) Name of hospital or institution: _____
(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 MO (b) County Cass
(c) City or town Rural
(d) Street No. 6th NW (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joel T. O'Neil

3. (b) If veteran name war _____ 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eda O'Neil 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Feb 25 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Edward O'Neil
13. Birthplace MO (City, town, or county) _____ (State or foreign country)
14. Maiden name Matilda Titus
15. Birthplace MO (City, town, or county) _____ (State or foreign country)

16. (a) Informant E. O'Neil

(b) Address Plouin, MO R. 1

17. (a) Rural (b) Date thereof Nov 15 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Cremated - Harrisonville

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Nov. 14-45 (b) Amya J. Jones (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1945 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 1 1945

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Ch. Myocarditis Duration _____

Due to Sonality

Due to _____

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

Major findings: Of operations _____ Of autopsy 928

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Walter J. Robbins (M. D. or other) MD
Address Plouin, MO Date signed 11/13/45

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 Ernest Rammert
Licensed Embalmer No. 3368
P. O. Address Harrisonville, 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.