

STANDARD CERTIFICATE OF DEATH

Filed MAR 28 1946  
Registration District No. 3007

Primary Registration District No. 3007

State File No. 8669

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 37 years  
years, months or days

3. (a) PRINT FULL NAME BERTHA M. O'NEAL

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 Widow

6. (b) Name of husband or wife J. S. O'Neal

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

7. Birth date of deceased January 15 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name O. C. Morris

13. Birthplace Bells Cross Roads Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Perkins

15. Birthplace Bells Cross Roads Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. O'Neal

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 3/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 3-16-46 (b) R. H. Mueller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 515 Kinser  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th  
year 1946 hour 3 minute 15 A. M.

21. I certify that I attended the decedent from March 2, 1946 to March 7, 1946  
that I last saw her alive on March 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Duration 1 da

Due to Lobar Pneumonia 9 da

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 108

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 \_\_\_\_\_

Signature R. H. Mueller (M. D. or other) \_\_\_\_\_

Address Poplar Bluff, Mo Date signed 3/17/46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 346-408

Date Filed 3-26-46

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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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.