

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENTRAL REGISTER
FILED SEP 10 1946
383
STANDARD CERTIFICATE OF DEATH

27638

State File No. _____
Registrar's No. 124

Registration District No. 383 Primary Registration District No. 5755

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution: Missouri State Sanatorium
(d) Length of stay: In hospital or institution 184 days
In this community 184 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Wayne
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ina Mae O'Neill
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 17th year 1946 hour 8:30 minute A M.
21. I hereby certify that I attended the deceased from Feb. 15th, 1946, to Aug. 17th, 1946
that I last saw her alive on Aug. 17th, 1946
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. James O'Neill 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan 28th 1924

Immediate cause of death Pulmonary Tuberculosis Duration Abt. 18 mos.
Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
22 6 20 hr. min.

9. Birthplace Barry County Missouri

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Freeman Duckett
13. Birthplace Unknown Louisiana
14. Maiden name Lottie Rogers
15. Birthplace Unknown

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. C. Noon
(b) Address Cassville, Mo.

19. (a) 8-18-46 (b) DR. Holbrook

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

23. Signature C. A. Brasher M.D.
Address Mt. Vernon, Mo. Date signed 8-17-46

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

RECEIVED

District Health Officer No. 6,

District File Number 946-943

Date Filed SEP 9 - 1946

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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.