

No. 2
M-5-43
5-17-39
I X36871

FILED SEP 16 1946

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1814 Ashland Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 80 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1814 Ashland Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen O'Neil
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 9
 year 1946 hour 12 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Feb 25, 1946, to Sept 5, 1946
 that I last saw him alive on Sept 5, 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 1 1864
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
 Duration _____
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
82 8 8 hr. _____ min.

Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death)

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Major findings: 121B
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business At Home
12. Name Patrick O'Neil
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Anna Connelly
15. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Wisniewski
(b) Address St. Joseph
17. (a) Burial **(b) Date thereof** 9/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

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?

18. (a) Signature of funeral director Heaton R. Baker Rowman
(b) Address St. Joseph, Mo.
19. (a) Sept. 12, 1946 **(b)** _____
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. H. ... **(M. D. or other)** _____
Address 626 ... **Date signed** 9/9/46

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..... *Eugene Wood*
Licensed Embalmer No. *3804*
P. O. Address: *319 So 15th St. Joplin, 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.