

No. 2  
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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9303**  
Registrar's No. **1343**

FILED APR 1 1947

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day 4 hrs.**  
(Specify whether years, months or days)

In this community **35 YEARS**

3. (a) PRINT FULL NAME **HENRY Charles O'Neill**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-10-3939**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. ADA GERTRUDE O'NEILL**

6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **JANUARY 25 1881**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **26 35** If less than one day **---** hr. **---** min.

9. Birthplace **CLIFTON CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business

MOTHER FATHER

12. Name **CHARLEY HENRY O'NEILL**

13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **LUCINDA CARTER**

15. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MAGGIE HALLAHAN**

(b) Address **BEAMAN, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **MAR 22 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-22-47** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2450 College**  
(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 **20**, year **1947** hour **8** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **March 19 1947** to **March 20 1947** that I last saw him alive on **March 20 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular accident**  
**Lobar pneumonia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **108**

Of autopsy **See above**

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) (c) Means of injury

23. Signature **W. W. Hart** (M. D. or other)

Address **Med. Dir. Gen'l Hosp.** Date signed **3-21-47**

48  
3  
8  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

*Melvin Miller*

Licensed Embalmer No. *4407*

P. O. Address *K. C., 3 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.**