

No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17556

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2322

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
102 West Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Jackson Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 102 West Armour 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Nelle C. O'Neal

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 8:00 minute A. M.

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased: April 12 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938, 19 to May 25, 1947 that I last saw her alive on 1938 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death: Apoplexy

Due to Hypertension 10 yrs.

Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation at home

Other conditions: _____ (Include pregnancy within 3 months of death)

11. Industry or business X

12. Name John Radford

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

14. Maiden name Joannah Hopkins

15. Birthplace unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Loma Frieze

(b) Address 102 W. Armour, Kansas City, Mo.

17. (a) removal (b) Date thereof 5-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnstown, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-27-47 Aldredine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: none

Of operations none

Of autopsy none

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 _____

23. Signature F. J. Wilson (M. D. or other) _____
Address Plaza West Bldg Date signed 5-26-47

Dr. F. I. Wilson

*med Plaque
Ready.*

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. Clair Shippard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.