—1/47
5-17-39

24

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

National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 41

STANDARD CERTIFICATE OF DEATH

State File No. 37448

Primary Registration District No. 3012

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 2 days (Specify whether
In this community 3 mos. 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Marion 999

(c) City or town Centralia 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. 850 E. Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 4

3. (a) PRINT FULL NAME Lawrence W. Onyett

3. (b) If veteran, name war World War

3. (c) Social Security No. 405 18 4773

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	6	29	hr. min.

9. Birthplace Poplar Bluff, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation 1st Mate, River boat.

11. Industry or business Federal Barge Line

FATHER
12. Name John Onyett
13. Birthplace Shawneetown Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Williams
15. Birthplace Poplar Bluff Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records, Veterans Administration,
(b) Address Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1947 (Month) (Day) (Year)
(c) Place: ~~XXXXXXXXXX~~ of removal Cairo, Illinois.

18. (a) Signature of funeral director Chas. J. Hope
(b) Address HOPE FUNERAL HOME Excelsior Springs, Mo.

19. (a) 12/1/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature) L.J.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1947, to Nov. 30, 1947; that I last saw him alive on Nov. 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, reinfection type, far advanced, active.	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B

Of autopsy NO AUTOPSY

PHYSICIAN

Underline the cause of 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? -- (Specify type of place)

While at work? -- (e) Means of injury -- 0

23. Signature Stanley C. Stroff (M. D. or other)
STANLEY C. STROFF, M. D.

Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 11-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-47

DEC 12 1947

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. A. Moles

Licensed Embalmer No. 3296

P. O. Address Ely Springs 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.