V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1256

FILED JAN 20 1948

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 143

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 709 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patrick J. Onell
3. (b) If veteran, name war None
3. (c) Social Security No. Do not know

4. Sex Male
5. Color or 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 10 - 15 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Brooklyn N.Y.
(City, town or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Do
13. Birthplace Do
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nax
15. Birthplace Know
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner office
(b) Address K C Mo
17. (a) School (Burial, cremation, or removal) (b) Date thereof Jan 10 1948
(Month) (Day) (Year)
(c) Place: Burial or cremation K C College of Ostephalt + Surgery
18. (a) Signature of funeral director Panantonio Bros
(b) Address K C Mo
19. (a) 1-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations
Of autopsy History & Inspection

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? (Specify type of place) Means of injury

23. Signature A. E. Ascher (M. D. or other) MD
Address 2800 Main Date signed 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 T. L. Walton

Licensed Embalmer No. 2744

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.