

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution Northeast Mo. Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

In this community 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. Near Advances, Mo.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHLOE CARROLL O'NEAL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 13, 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Gurley Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister (ev) Farmer

11. Industry or business \_\_\_\_\_

12. Name Wash O'Neal

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

14. Maiden name Virginia Boyd

15. Birthplace Dont Kenton Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodosia Olive O'Neal

(b) Address Advances Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar 26 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cape Girardeau, Mo.

18. (a) Signature of funeral director Charles E. Morrison

(b) Address 448 S. 1st St. Cape Girardeau, Mo.

19. (a) 4-7-48 (Date received local registrar)

(b) C. G. Summers (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 18, 1948 to March 24, 1948 that I last saw him alive on March 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory failure

Due to Coronary artery disease?

Due to arteriosclerosis - generalized

Other conditions Bronchial asthma chronic  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 940

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 Charles E. Wilson (M. D. or other) M.D.

Address 727 Broadway Date signed 5-29-48

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

16  
4

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 448-480

Date filed 4-12-48

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.....

William A. Morgan

Registered Apprentice No. 209

working under my personal supervision.

Signed W. A. Morgan

Licensed Embalmer No. 3308

P. O. Address Advance, 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.