FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16465

FILED JUN 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2255

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: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community 50 YEARS
years, months or days)

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. 3720 EAST 7th. STREET
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDMOND FRANCIS O'NEILL
3. (b) If veteran, name war no.
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 ELIZABETH T. O'NEILL
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased JUNE (Month) 8 (Day) 1876 (Year)

8. AGE: Years 71 Months 11 Days ~~13~~ 18 If less than one day hr. min.

9. Birthplace CAHIR, TIPPERARY, IRELAND (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED--CLOTHING SALESMAN
11. Industry or business
FATHER
12. Name WILLIAM J. O'NEILL
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BURKE
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant ELIZABETH N. O'NEILL
(b) Address 3720 EAST 7th. STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY
18. (a) Signature of funeral director [signature]
(b) Address 3256 BROADWAY
19. (a) 5-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26 year 1948 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from 5-19-48 1 , 19 , to 5-26 , 1948 ; that I last saw him alive on 5-26-48 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure	2 days
Due to Coronary Thrombosis anterior	6 days
Due to Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

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
23. Signature John T. Sherman (M. D. or other) MD
Address 1102 Grand Date signed 5-27-48

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

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

Dr J Atkinson
O'Neill

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address Kil. 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.