

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29357

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 131

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether)

In this community 1 month  
years, months or days

3. (a) PRINT FULL NAME Jerry Milton O'Neal

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. L

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 31 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kennett Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Milton O'Neal

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

14. Maiden name Patsy Easley

15. Birthplace Kennett Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Milton O'Neal

(b) Address 807 Purke Ave Kennett Mo

17. (a) Burial (b) Date thereof 10-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Ridge Cem

18. (a) Signature of funeral director Wm. J. Johnson

(b) Address Kennett Mo.

19. (a) 10-7-1948 (b) Carl Husband  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Kennett  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 807 Purke Ave  
(If rural, give location) 5

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3  
year 1948 hour 9:00 minute 30 a M.

21. I hereby certify that I attended the deceased from 8-31, 1948, to 10-3, 1948;  
that I last saw him alive on 10-3, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary Atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy \_\_\_\_\_

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 U

23. Signature L.P. Wilson (M. D. or other) \_\_\_\_\_  
Address Kennett Mo Date signed 10-7-48

RECEIVED ;

District Health Office No. 2,

District File Number 1048-1300

Date Filed 70-11-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**