

Registration District No. **3883**

Primary Registration District No. **2001**

39  
3

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

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 230 E. Division 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME DENNIS O'NEAL 540

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace O'Neal 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased: May 31 1865  
 (Month) (Day) (Year)

8. AGE:	Years <u>74</u>	Months <u>8</u>	Days <u>26</u>	If less than one day hr. _____ min. _____
---------	-----------------	-----------------	----------------	--

9. Birthplace N.Y.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Furniture Dealer

11. Industry or business Salesman

12. Name Unknown 9

13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown 1

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

16. (a) Informant Mrs. Grace O'Neal

(b) Address Springfield, Mo.

17. (a) Burial (b) Date that April 3-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazlewood

18. (a) Signature of funeral director J. W. Kingwood

(b) Address Springfield, Mo. 290

19. (a) 3/1/40 (b) Chas. A. George  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
230 E. Division  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
 year 1940 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1940  
 \_\_\_\_\_, 19\_\_\_\_ to July 27, 1940  
 that I last saw him alive on July 27, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary heart bloc. Duration \_\_\_\_\_

Due to Following influenza Jan 20 1940

Due to Inf -

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: none  
 Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence no

(c) Where did injury occur? no  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S. J. Ferguson (M. D. or other) \_\_\_\_\_

Address Springfield, Mo. Date signed 3/8/40

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MAY 20 1955

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.....

*Ogle Stone Jr.*

Registered Apprentice No. *232*

working under my personal supervision.

Signed

*Warren D. Noblet*

Licensed Embalmer No.

*405*

P. O. Address

*Springfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X