

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14419**

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Butler**  
(b) City or town **Poplar Bluff, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Poplar Bluff Hospital**  
(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) **5/10**

3. (a) PRINT FULL NAME **William C. O'Neal**

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

4. Sex **Male** 5. Color or race **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 **June 30** **30** **1914**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**25** **9** **14** hr. min.

9. Birthplace **Puxico, Mo. R. 2** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

12. Name **J.A.O'Neal**

13. Birthplace **Indiana** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Cordelia Williams**

15. Birthplace **Puxico, Mo. R. 2** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul O'Neal**

(b) Address **Puxico, Mo. R. 2**

17. (a) **Puxico, Mo. R. 2** (b) Date thereof **April 15, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rock Hill Cemetery**

18. (a) Signature of funeral director **Matthews Funeral Home**

(b) Address **Puxico, Mo. R. 2**

19. (a) **4/15/40** (b) **Charles Singer**  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**  
(c) City or town **Rural** \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Puxico, Mo. R. 2**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19 \_\_\_\_\_ 7/13 1940

that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis**  
**Meningitis**

Due to **Tuberculosis**

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

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

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

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

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 **Wm Henschen** (M. D. or other) \_\_\_\_\_

Address **Puxico, Mo. R. 2** Date signed **4-18-40**

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

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

2  
2  
2

**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

*Virgil H. Kelch* Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Virgil H. Kelch*  
Licensed Embalmer No. *4102*

P. O. Address *Dexter, 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, above space should be left blank.**