

FILED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21057

State File No. _____

Registration District No. 310-39

Primary Registration District No. 40-23

5056

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene Barlow, Mo.
(b) City or town Springfield Golden City, Mo.
(c) Name of hospital or institution: 15 miles S.E. Janes, Mo. Hwy #160
(d) Length of stay: In hospital or institution _____
In this community F. ELMO O'NEAL
years, months or days 7

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County _____
(c) City or town Long Beach
(d) Street No. 3754 Lewis
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 (hour 10:30 minute _____ P. M.)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Auto accident on highway #160 1/2 North of Golden City, Mo.

Due to _____

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?
on highway, killed instantly

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Lawrence River (M.D. or other) _____
Address Barlow, Mo. Date signed 6/24/41

999
4
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME F. ELMO O'NEAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race wh 6. (a) Single, widowed, divorced, married 1st

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 5 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance Agent

11. Industry or business Insurance

12. Name George W. O'Neal

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

14. Maiden name Willa Benjamin

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

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

(b) Address Long Beach, Calif.

17. (a) Removal (b) Date thereof June 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Beach, California

18. (a) Signature of funeral director Alfred Meyer

(b) Address Springfield, Mo.

19. (a) June 24, 1941 (b) W. Margaret Lee, Jr.
(Date received local registrar) (Registrar's signature)

17026
98

RECEIVED

District Health Officer No. 6;

District File Number 741-1066

Date Filed JUL 11 1941

AUG 13 1941

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 R. C. T. River

Licensed Embalmer No. 3141

P. O. Address Lamar 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.

Registration District No. 39

Primary Registration District No. 5036

Registrar's No.

1. PLACE OF DEATH

(a) County Barton
(b) City or town Golden City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 G. Elmo Neal
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color of race Wh 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one year hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 23
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Auto accident on Highway 1/2 mi N of Golden City, Mo. on Highway driving very fast.

Other conditions (include pregnancy within 3 months of death) 179 C

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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) accident

(b) Date of occurrence June 23-1941

(c) Where did injury occur on Hwy #160 1/2 mile North of Golden City, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? DR Hwy killed instantly

While at work _____ (Specify type of place) (e) Means of injury Crushed

23. Signature Raymond D. Danner (Name) _____ (Address) _____ Date signed _____

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

SUPPLEMENTAL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21067

Registration District No. 39

Primary Registration District No. 5026

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Golden City, T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 of days _____

3. (a) PRINT FULL NAME George Elwood O'Neal

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race wh

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>0</u>	<u>18</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Aug 16 - 1941 (b) Mrs. Margaret Grace J...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: month June day 23
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
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 _____

23. Signature Raymond Rivers (M. D. or other) _____
Address Lawson _____ Date signed _____

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

SUPPLEMENTAL