

S. No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41294

State File No. ....

JAN 10 1942

Registrar's No. 61

Registration District No. 30

Primary Registration District No. 5042

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

500

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural Kings Prairie Twp.  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William Jasper O'Neil

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mary H. O'Neil 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Dec. 10, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 0 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William Jasper O'Neil  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Fountain E. Bolin,  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary H. O'Neil,  
(b) Address R. F. D. #1, Monett, Mo.

17. (a) Burial (b) Date thereof 12/29/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cemetery

18. (a) Signature of funeral director Callaway  
(b) Address Monett Mo.

19. (a) 12-29-1941 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1941 hour 8 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec 25  
1941 to Dec 26 1941;  
that I last saw him alive on Dec 25 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration offered

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 93d

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) (c) Means of injury  
23. Signature W. M. West (M. D. or other) Dr.  
Address Monett Mo. Date signed 12/29/41

RECEIVED

District Health Officer No. 6,

District File Number 142-17

Date Filed JAN 6 1942

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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.....

*J. D. Buchanan*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett

**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.**