

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36356
Registrar's No. 4441

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3301 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Richard Howard O'Neal, Jr.
3. (b) If veteran, name war No
3. (c) Social Security No. None

20. DATE OF DEATH: Month November day 28th
year 1942 hour 2 minute ----- A. M.

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 November 26 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov 27 1942 Nov 28 1942
that I last saw him alive on Nov 28 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death
Pulmonary Abscesses
Polycystic Kidneys
Duration

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

Due to -----
Due to Non Patent Ureters

11. Industry or business -----
12. Name Richard Howard O'Neal, Sr.
13. Birthplace Sunbrite Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eileen Kirk
15. Birthplace Pittsburg Kansas
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death) 16-0

16. (a) Informant Mr. Richard Howard O'Neal, Sr.
(b) Address 3301 Paseo
17. (a) Burial (b) Date thereof Nov. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director D. H. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd
19. (a) 11-30-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations -----
Of autopsy Pulmonary Abscesses
Non Patent Ureters
Pulmonary Abscesses
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

9/19/36

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..... *Emile W. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address..... *150 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.