

1-17-39
X26390

FILED DEC 5 1942
Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
 (a) County GREEN
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
O'Reilly General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 99 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State California (b) County Santa Cruz
 (c) City or town Santa Cruz
 (If outside city or town limits, write "RURAL")
 (d) Street No. 22 Liebrandt Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DONNEL A. O'BRIEN
 (b) If veteran, name war No
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 5
 year 1942 hour 11 minute 15 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 (b) Name of husband or wife Unknown
 (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased July 16 1906
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30 1942 to November 5 1942
 that I last saw him alive on November 5, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 3 Days 19
 If less than one day hr. _____ min. _____

Immediate cause of death Uremia, terminal
 Duration 1 wk

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

Due to Cachexia, secondary to Devic's disease
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 598

10. Usual occupation Plasterer

Major findings: Of operations
 Of autopsy Confirmation of above diagnoses.

11. Industry or business _____

12. Name Unknown
 13. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Luella (Unknown)
 15. Birthplace Lamont Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant WD, AGO Forms #20 and #24
 (b) Address _____

17. (a) Removal (b) Date thereof Nov. 7, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamont, Iowa

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

19. (a) 11-6-42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place) _____ (e) means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 11-5-42

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 *E. O. Trahey*.....

Licensed Embalmer No. *1767*.....

P. O. Address *Springfield 9*.....

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

If this body is not embalmed, fact should be so stated above.

f

CORRECTED
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

State of _____ MISSOURI _____

1. PLACE OF DEATH:

(a) County GREENE
 (b) City or town SPRINGFIELD
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 99 days
(Specify whether
 In this community 99 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County _____
 (c) City or town Santa Cruz
(If outside city or town limits, write RURAL)
 (d) Street No. 22 Liebrandt Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) FULL NAME DONNEL A. O'BRIEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased July 16 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Plasterer

11. Industry or business _____

12. Name Unknown

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

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

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

16. (a) Informant's own signature WD, AGO Forms #20 & #24

(b) Address _____

17. (a) Removal (b) Date thereof Nov. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Lamont, Iowa

18. (a) Signature of funeral director /s/ Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

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

MEDICAL CERTIFICATION

20. Date of death: Month November day 5
 year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 30,
 1942 to November 5, 1942

that I last saw him alive on November 5, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, terminal

Due to Periarteritis, nodosa * 1 wk.

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings:
 Of operations _____

Of autopsy Confirmation of above
 diagnoses.

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? _____ (c) Means of injury ☐

23. Signature V. E. LEENE Capt. MC (M. D. or other) _____
 Address O'Reilly GH, Springfield, Missouri Date signed 11/5/42

Duration

1 wk.5 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

O'REILLY GENERAL HOSPITAL
Office of the Registrar

DCN:bv

Springfield, Missouri
December 31, 1942

James Stewart, M. D.,
Special Agent, Bureau of Census,
c/o State Board of Health,
Jefferson City, Missouri.

Dear Dr. Stewart:

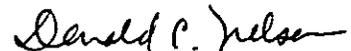
Inclosed herewith is a corrected certificate of death in the case of Donnel A. O'Brien, deceased November 5, 1942, at this General Hospital.

This corrected report shows immediate cause of death as: Uremia, terminal, due to Periarteritis, nodosa.

At the autopsy table it was found that patient had had renal involvement, which probably could be classified as acute nephritis, which was due to the periarteritis, nodosa.

The clinical diagnosis is as shown on death certificate.

Very truly yours,



DONALD C. NELSON,
Major, Medical Corps,
Registrar.