

FILED APR 15 1944

State File No.

1497

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days) 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 BrushCreek Blvd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mr Bernard O'NEILL

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret M O'Neill 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased June 15th 1889  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 14/16 If less than one day hr. min.

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

10. Usual occupation Insurance Broker  
11. Industry or business Thomas McGee & Sons

12. Name John P. O'Neill  
13. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Kalleen  
15. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret O'Neill  
(b) Address 818 Brushcreek Blvd

17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley  
(b) Address Kansas City Missouri

19. (a) 4-9-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31  
year 44 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from 3 28, 1944, to 3 31, 1944;  
that I last saw him alive on 3 31, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Several peritonitis Duration

Due to Perforated stomach ulcer

Due to —

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

Major findings: Of operations — Of autopsy as above  
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) (2) Means of injury —

23. Signature J. P. Bomke (M. D. or other) 0  
Address City Date signed 4-2-44

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

MOTHER FATHER

MAY 26 1942

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 Russell W. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.**