

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30450

State File No.

FILED OCT 13 1944

Primary Registration District No. 4036

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(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 1
(Specify whether)

In this community Most Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

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

(d) Street No. E Maple St
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME ROTH ONEAL

MEDICAL CERTIFICATION

3. (b) If veteran, name war —

3. (c) Social Security No. —

20. DATE OF DEATH: Month Sept day 8 year 1944 hour 9 minute 30 M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife CHAR ONEAL

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. 25, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9 to Sept 9 1944 that I last saw him alive on Sept 9 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 8 Days 15 If less than one day hr. min.

Immediate cause of death Stroke of Heart

Due to —

Due to —

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

Other conditions (include pregnancy within 3 months of death) H68

10. Usual occupation Housewife

Major findings: Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

11. Industry or business —

12. Name Jody Kuykendahl

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

14. Maiden name Betty Glover

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

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 [Signature] (M. D.) —

Date signed Sept 10 1944

16. (a) Informant Char Oneal

(b) Address Rich Hill MO

17. (a) (Burial, cremation, or removal) B. (b) Date thereof 9-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Groesbeam Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Rich Hill MO

19. (a) Sept. 10 1944 (Date received local registrar) (b) [Signature] (Registrar's signature)

1342

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office, No. 7,

District No. Number 9-44-1119

Date Filed 10-5-44

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

John G. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler, 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.