

FILED JAN 21 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5397

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:
1032 West 71st St Terr /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1032 West 71st Terr 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY O'NEIL

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

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

6. (b) Name of husband or wife Frank P O'Neil 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 6 1872 (Month) (Day) (Year) ~~1873~~

8. AGE: Years	Months	Days	If less than one day
<u>73</u> 72	<u>7</u>	<u>20</u>	hr. _____ min. _____

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

Usual occupation Housewife

11. Industry or Business _____

12. Name John Burns

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Finn (City, town, or county) (State or foreign country) 4

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Frank P. O'Neil

(b) Address 1032 W. 71st. Terr.

17. (a) Burial (b) Date thereof 12/29/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Durk & Robin Co

(b) Address 20 West Linwood

19. (a) 12-28-45 (b) Doraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Dec year 1945 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from 1927 to Dec. 26, 1945; that I last saw her alive on Dec. 26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
(+ Influenza)
Due to Arricular Fibrillation (off)
Due to Hypertension +
Myopertensive heart disease
Other conditions _____ (Include pregnancy within 3 months of death)

Duration
From her
1 yr.
1 year
8-10 yrs.

Major findings:
Of operations _____
Of autopsy _____
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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) (e) Means of injury _____

23. Signature Doraldine Holmes (M. D. or other) M.D.
Address 1103 Grand, K.C., Mo. Date signed 12-28-45

MOTHER FATHER
Cora K. O'Neil
John Burns

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 Charles M. Quirk

Licensed Embalmer No. 3774

P. O. Address H. O. Mo

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Ja Missouri
County of Jackson } ss.

State File No.
Local Registrar's No. 5397

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears Frank
P. O'Neil, who, upon his oath, states that the original record of ^{birth} death
for Mary O'Neil ^{died} ~~born~~ December 26, 1945 in the State of
Missouri, and which was filed at Kansas City on Dec. 26, 1945, should be corrected as follows:

Item No. 7 should read May 6, 1872

Instead of..... May 6, 1873

Item No. 8 should read 73yrs. 7 months 20 days

Instead of..... 72 yrs. 7 months 20 days

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank P. O'Neil Husband
Relationship.

1032 W. 71st Terr.
Present Address.

Subscribed and sworn to before me this 22 day of January, 1946.

My Commission expires May 22 1946 Charles M. Quint Notary Public.

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