

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X3667I

FILED OCT 16 1947  
386

Registration District No. **386**

Primary Registration District No. **3199**

Registrar's No. **20**

17  
0  
0

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

1. PLACE OF DEATH:

(a) County **Carroll**

(b) City or town **Carrollton, Rural**

(c) Name of hospital or institution: **Baker School House, South of TINA.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX** (Specify whether  
In this community **all his life,** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Carroll 17**

(c) City or town **Rural,** (If outside city or town limits, write "RURAL") **0**

(d) Street No. **6 miles N.E. Carrollton,** (If rural, give location) **0**

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **NELSON B. ONEAL**

3. (b) If veteran, name war **II**

3. (c) Social Security No. **500-03 6488**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **XX**

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

7. Birth date of deceased **July 18th, 1920.**  
(Month) (Day) (Year)

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

**27 2 9** hr. min.

9. Birthplace **Carroll County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer,**

11. Industry or business **same,**

MOTHER FATHER

12. Name **Elmer Oneal,**

13. Birthplace **Carroll County, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Diana Binney**

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

16. (a) Informant **Mr & Mrs Elmer Oneal,**

(b) Address **Carrollton, Missouri.**

17. (a) **Burial** (b) Date thereof **9/30/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Missouri**

18. (a) Signature of funeral director **Clifford W. Austin,**

(b) Address **Tina, Missouri.**

19. (a) **9-30-47** (b) **Emmie Street**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27th**  
year **1947** hour **7** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Carrollton, Mo** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **The metal pipe being raised came in contact with the high voltage wires.**

Due to **Electricity.**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **1920**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **17**

(a) Accident, ~~suicide~~, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **Sept 27-47**

(c) Where did injury occur? **Carroll Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Baker School yard**

(e) Means of injury **3**  
While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **G. L. Hales & Sons** (M.D. or other) **Carrollton**  
Address **Carrollton, Mo** Date signed **9/28/47**

RECEIVED

Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-15-47

OCT 17 1947

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 Clifford W Austin  
Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.