

WED MAR 11 1940

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME James Thomas Oberberg

8. (b) If veteran name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov 27 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

MOTHER FATHER
11. Industry or business _____
12. Name Elizabeth Oberberg
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Oberberg
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Sylvia Oberberg

(b) Address 1175 Cronin North City

17. (a) Burial (b) Date thereof Feb 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crestwood Cem.

18. (a) Signature of funeral director North City Mort Co

(b) Address North City Mo 312

19. (a) 2-16-40 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. CR # 1 Block 2, 5
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 4 40
to Feb 16 40
that I last saw him alive on Feb 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to _____
Due to _____

Other conditions Chr. Parenchymatous nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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)
Means of injury _____

23. Signature James A. O'Brien (M.D. or other) M.D.
Address St. Mary's Joplin Mo Date signed 2/16/40

Duration ?
Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39 11 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 340-735

Date Filed MAR 8 1940

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.