

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14655

State File No. _____

Registration District No. 164

Primary Registration District No. 307332

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 N. Maguire
(If not in hospital or institution, write street number or location)
(d) Length of stay: 37 yrs (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mortha C. Urban

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

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

6. (b) Name of husband or wife Fred W. Urban 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 8. 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 19 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Daniel Oberg

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

14. Maiden name Waldemar Kongreen

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

16. (a) Informant F. W. Urban

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Apr 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn, Mo.

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo.

19. (a) Apr. 27 1943 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 418 N. Maguire
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 4-24-43
_____ 19, to 4-27-43, 19____;
that I last saw him alive on 4-26-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis 3 days

Due to _____

Due to _____

Other conditions 9 & a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R F M K (M. D. or other) MD
Address Warrensburg, Mo. Date signed 4-27-43

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

MOTHER FATHER

51
2
2

51
2
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-27-43

MAR 23 1956

SEP 28 1944

APR 19 1956

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.....

Martha C. Urban

....., Registered Apprentice No.

working under my personal supervision.

Signed *S R Sweeney*

Licensed Embalmer No. 1121

P. O. Address *Warrensburg, 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.