S. No. 2
M—2-43
. 5-17-39
1 X35697

14923

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1946

State File No. 16031

Registration District No. 65 Primary Registration District No. 4114 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Mendon
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Mendon 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence Obetz

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

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Winnie Obetz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27 (Month) 1879 (Day) (Year)

8. AGE: Years 66 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Columbus, Franklin Co Ohio / (City, town, or county) (State or foreign country)
10. Usual occupation Retired R.F.D. Carrier
11. Industry or business

FATHER
12. Name Samuel Obetz
13. Birthplace Franklin Co Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~ Anna Huff
15. Birthplace Franklin Co Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Winnie Obetz
(b) Address Mendon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Newcomer
18. (a) Signature of funeral director S L Leipard
(b) Address Mendon Mo.
19. (a) 5-17-46 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1946 hour 8 minute 30p M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw him alive on May 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to Instant

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. D. West (M. D. ~~or other~~)
Address Mendon Mo Date signed 5/13/46

56 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number
Date Filed 6-5-46

JUN 10 1946

SEP 28 1954

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 O. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.