. No. 2.
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44417

Registration District No. 155 | Primary Registration District No. 5127 | Registrar's No. 203

49
6
2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none ~~XXXXXX~~ 117 S. Oronogo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 50yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2

(d) Street No. 117 S. Oronogo 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SYLVIA OEHRING

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Roy Oehring

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

7. Birth date of deceased April (Month) 26 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	8	1	0 hr. 0 min.

9. Birthplace Wiese City (City, town, or county) Missouri () (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

FATHER
12. Name Frank Atteberry
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Roy Oehring (husband)
(b) Address 117 S. Oronogo, Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC. 30; 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Hedge Lewis
(b) Address Webb City, Missouri

19. (a) DEC. 29; 47 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 8-1-47, 19..., to 12-3-47, 19...;
that I last saw ~~him~~ alive on 12-3-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death amyotrophic lateral sclerosis	7 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 82	
Of autopsy	

PHYSICIAN

Underline the cause of 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 [signature] (M. D. ~~or other~~)
Address 308 Frisco Bldg, Joplin MO Date signed 12/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1046

NOV 19 1948

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 Leonard John Lewis Jr. Registered Apprentice No. 46, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 285

P. O. Address [illegible]

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.