

No. 300
4-10-47
y. 5-17-39
I 3908

State File No. _____
Registrar's No. _____

Registration District No. 156

Primary Registration District No. 2001

49
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5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 years years, months or days)

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. 2410 Kentucky
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME ERIC FRECTOF OBERG

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAURA

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

7. Birth date of deceased APRIL 21, 1878
(Month) (Day) (Year)

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

70	5	11	hr. min.
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9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Contractor

11. Industry or business Building -

12. Name No record 9

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

14. Maiden name No record

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

16. (a) Informant Mrs. Laura Oberg

(b) Address 2410 Kentucky, Joplin, Mo

17. (a) Burial (b) Date thereof 10-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 10-11-48 (Date received local registration) J. D. James (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1948 hour 8:45 minute _____ P M.

21. I hereby certify that I attended the deceased from October 4, 1948 to October 4, 1948
that I last saw him alive on October 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bowel obstruction with gangrene</u>	<u>48 hrs.</u>
<u>Due to Previous mesenteric thrombosis, four feet small intestine resected</u>	<u>11-21-47</u>
Due to _____	_____
Other conditions (include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
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 0

23. Signature [Signature] (M. D. XXXX)
S. W. SCORSE, M.D.
Address 208 Frisco Bldg, Joplin, Mo Date signed 10-8-48

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.