REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7099
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper — Registration District No.: 411
(b) Township: Galena — Primary Registration District No.: 2002 — Registered No.:
(c) City: Joplin, Mo. — (d) Street No.: 910 W. 5th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Fred Oberlechner 164
(a) Residence, No.: 910 W. 5th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1887

7. AGE: Years 50 — Months 2 — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: dee man
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo — 0 — 7

FATHER
13. NAME: Jacob Oberlechner — 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Emma Lee Eisenbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Clarence Oberlechner

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Mt. Hope DATE: March 2, 1938

19. FUNERAL DIRECTOR (ADDRESS): Frank Sievers Mortuary, Joplin, Mo.

20. FILED: 3-4, 1938 — E. D. Jamison, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h— alive on dead March 1, 1938. Death is said to have occurred on the date stated above, at 5:10 a.m. 2/28/38
The principal cause of death and related causes of importance were as follows:

Heart Bleed
Ad Int

Date of onset

Other contributory causes of importance:

Name of operation: none — Date of: —
What test confirmed diagnosis? — Was there an autopsy? Lines Investigation

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury: —, 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: —

(Signed) A. V. Winchester, Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Don Tetrick, Licensed Embalmer No. 4008

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 4008 or by, Registered Apprentice No.

working under my personal supervision.

Signed Don Tetrick

Licensed Embalmer No. 4008

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)