Phone 2184

REC'D APR 20 1939

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

11543
Do not use this space.

1. PLACE OF DEATH

(a) County Marion 2 Registration District No. 547

(b) Township Mason 1 Primary Registration District No. 3079 Registered No. 95

or

(c) City Hannibal (d) Street No. 200 Willow 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 160 Henry William Ober

(a) Residence, No. 200 Willow St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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) Near Wright City Missouri

FATHER

13. NAME Charles Ober 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Katherine Leake 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Charles Ober Hannibal Missouri

18. BURIAL, CREMATION, OR REMOVAL Mo.
PLACE Wright City DATE 3/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths Funeral Home 902 Broadway

20. FILED 3/24, 1939 H. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on ....., 19.... Death is said to have ~~occurred on the date stated above, at~~ been found dead in bed at 7 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

94 lb

Date of onset

Other contributory causes of importance:

Arteria Sclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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. Found dead in bed by Mrs. Ober - wife.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. R. Armstrong Deputy Coroner
Justice of Peace. Acting Coroner of Marion County Mo

(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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5

10 Donald

1 X16605

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

Louis Quest, Registered Apprentice No. 150

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Mo.

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

If this body is not embalmed, above space should be left blank.