

1939 OCT 10 1939

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

33217
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps / Registration District No. 677
 (b) Township _____ / Primary Registration District No. 4403 Registered No. 105
 (c) City Rolla / (d) Street No. Rolla Hospital 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. 21 (0) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. James Mo 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1951

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fat mech retine
 9. Industry or business in which work was done, as saw mill, bank, etc. Fat m
 10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

FATHER 13. NAME Jacob Moberand
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Susan E.hardt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT W. J. Moberand (ADDRESS) St. James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James DATE Sept 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Licklider
St. James

20. FILED Sept 11, 1939 Jos. J. Myers (Address) St. James Mo
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1939 to Sept 9, 1939
 I last saw him alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Insufficient age Date of onset 1939

Other contributory causes of importance:
Interv. Capillary Heart 8/21/39
Soft flour

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, ~~suicide~~ or homicide Date of injury 8/16, 1939
 Where did injury occur? Ham, St James Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury Asphyxiation
 Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. E. Licklider M. D.
 (Address) St James Mo

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.

1 X14023

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, me

....., or by

Registered Apprentice No....., working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1039306

Date Filed 10/10/39

Signed Orval E. Lickliker

Licensed Embalmer No. 3546

P. O. Address St. James, 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, above space should be left blank.