

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 1

1. PLACE OF DEATH:

(a) County JEFFERSON ¹⁹⁴⁰

(b) City or town RURAL ^{Rock?}
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Seckman Ho ²
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

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

(d) Street No. Seckman Ho
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME FRED H HOBERG

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 HOBERG

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 2 (Month) 7 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name HENRY HOBERG

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Laura Hoberg
(b) Address KIMM SWICK MO

17. (a) BURIAL (b) Date thereof JAN 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMM SWICK MO

19. (a) Jan 13 1940 (Date received local registrar) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 11
year 1940 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from 12-15-39
_____, 19____, to 1-11-40, 19____;

that I last saw him alive on 1-11-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 1-14-40

WHILE PRINTING USE UNFADING BLACK INK—MAKE 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.

FILED FEB 5

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.....

F. Alton Missey, Registered Apprentice No. *206*
working under my personal supervision.

Signed *Arthur W. Hurlington*

Licensed Embalmer No. *3872*

P. O. Address *Kennett 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.