

No. 2
1-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44795
Registrar's No. 77

Registration District No. 1400 Primary Registration District No. 555319

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Little Blue
(c) Name of hospital or institution JA. County Emergency
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 14 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence, Rural P
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Blue Imp Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Pauline Matilda Obeling
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 16
year 1941 hour 12 minute 35 A.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 8, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 27 1940 to 4-16-41 1941
that I last saw her alive on 4-16-41 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 8 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Bole Camp, Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma Rt. Kidney
Due to a metastasis to both lungs, liver, pleura, regional lymph nodes
Other conditions 52 yr
(include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Herman Harms
13. Birthplace Bole Camp, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marie Russek
15. Birthplace Linden, Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy As above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Obeling
(b) Address Independence, Mo
17. (a) Burial (b) Date thereof 4/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Local Burying
18. (a) Signature of funeral director Leola C. Pison
(b) Address Independence, Mo
19. (a) 4-17-41 (b) Sara E. Barnes
(Date received local registrar) (Registrar's signature)

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? At home (Specify type of place)
(e) Means of injury _____
Address Jackson, Mo Date signed 4-17-41

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

400

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.....

Raymond M. Martin

Licensed Embalmer No.....

4150

P. O. Address.....

Independence, 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.