S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25026

Registration District No. 293 Primary Registration District No. 5416 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Calvey Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pacific Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural Pacific 036 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Vernon Edward Otto Kober

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased March (Month) 6 (Day) - 1926 (Year)

8. AGE: Years 15 Months 3 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation at School

11. Industry or business ✓

FATHER
12. Name Joseph Kober
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Hulda Nollaus
15. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Joe Kober

(b) Address Pacific Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Catawissa Mo

18. (a) Signature of funeral director Jno L Thirkes

(b) Address Pacific Mo

19. (a) June 23 41 (Date received local registrar) (b) Mary B Gross (Registrar's signature)

266

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally shot in

Due to Chest piercing left side

Due to chest close to heart.

Other conditions (Include pregnancy within 3 months of death) 184 27

Major findings: Was getting ready

Of operations to go Squirrel

Of autopsy hunting

Duration

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) Accident 036

(b) Date of occurrence June 23, 1941

(c) Where did injury occur? Pacific (City or town) Franklin (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Ernst L. Oltmann Coroner (M.D. or other)

Address Gerald, Missouri Date signed 6-22-41

(Licensed Embalmer's Statement on Reverse Side)

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. 261, working under my personal supervision.

Signed Jno. L. Shelks

Licensed Embalmer No. 3008

P. O. Address Pacific 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.