S. No. 2-
I—9-4-41
. 5-17-39—
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40981

State File No.

Registration District No. 395 Primary Registration District No. 1002 Registrar's No. 4659

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

48
3
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

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

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3115 Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Sweden

3. (a) PRINT FULL NAME Catherine Oberg

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Oberg

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

7. Birth date of deceased February (Month) 2 (Day) 1865 (Year)

8. AGE: Years 76 Months 10m Days 12 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Pearson

13. Birthplace Sweden (City, town, or county) (State or foreign country) 4

MOTHER 14. Maiden name No Record

15. Birthplace Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant Rev. Victor Spong

(b) Address 4240 Genessee, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Lindsborg, Kans.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) Dec 15, 1941 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Dec 14th, 1941, that I last saw h alive on Dec 14, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure (Instantly Dr. Hallberg 2 mos before death on vacation)	2 mos
Due to Myocarditis. Mitral regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl G. Lindquist M.D. (M. D. or other)

Address 704 Dr. L. Bldg. Date signed Dec 15

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lindquist
106 West 14th St.
2:30 P.M. to 4:30 P.M.

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 Mary L. Gates

Licensed Embalmer No. 245

P. O. Address 1901 N. 24 Kansas City, Kan.

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.