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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10714

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. FRANCIS Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 days (Specify whether In this community all his life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Owensville (If outside city or town limits, write "RURAL") 037

(d) Street No. R. 3 (If rural, give location) 0 0

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

If yes, name country 1

3. (a) PRINT FULL NAME William OBERKROM

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 Feb. (Month) 5 (Day) 1881 (Year)

8. AGE: Years 61 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Gasconade Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name SAMUAL OBERKROM
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name HARRIAT White
15. Birthplace Gasconade Co. (City, town, or county) OAK HILL, Mo (State or foreign country)

16. (a) Informant Eudoria Smith

(b) Address Owensville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery Owensville

18. (a) Signature of funeral director W.F. Gottenstroeter

(b) Address Owensville Mo

19. (a) March 14 42 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, 1942 year hour 9 PM minute M.

21. I hereby certify that I attended the deceased from Feb. 28, 1942 March 12, 1942 to 19 ; that I last saw him alive on March 12/42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 [signature] (M. D. or other) 0

Address Washington Mo Date signed 3/12/42

1181 (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 ME

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed W.F. Gellenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville 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.