U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24376

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 909 Avalon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 909 Avalon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Clifford Oberg
3. (b) If veteran, name war: No
3. (c) Social Security No. 495-01-1604
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 15 (Day), 1907 (Year)
8. AGE: Years 35 Months 1 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace: Grundy Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm Home
12. FATHER Name: Ed Oberg
13. FATHER Birthplace: Grundy Co (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name: Mary Deets
15. MOTHER Birthplace: Grundy County (City, town, or county) (State or foreign country)
16. (a) Informant: Ed Oberg
(b) Address: Trenton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery, Trenton Mo.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Trenton, Mo.
19. (a) 7-23-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1942 hour 10:45 minute P M.
21. I hereby certify that I attended the deceased from July 21st, 1942 to July 23rd, 1942 that I last saw him alive on July 23rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration: 5 hours
Due to: Chronic Myocarditis — 6 months
Due to: Acute Bronchitis — 9 days
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 106a.
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? (a) Means of injury:
23. Signature: Oliver P. Duff M.D. (M. D. or other)
Address: Trenton, Mo Date: July 23rd 1942

1202 (Licensed Embalmer's Statement on Reverse Side)

40 1 2

4P

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt 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.