No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-68

State File No. 9578

Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: "Rural"-Blue. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1½ Miles N.E. of Indep. Mo. (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: 3 E Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State: N. Dakota (b) County: Richland
(c) City or town: Walcott (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

999
32
0
2

3. (a) PRINT FULL NAME: Ole N. Golberg
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Emma
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Jan. 6, 1873 (Month) (Day) (Year)

8. AGE: Years 74 | Months 1 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Hallingdal Gol, Norway (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer.
11. Industry or business ____
MOTHER FATHER
12. Name: Nels Golberg
13. Birthplace: Un Known, Norway (City, town, or county) (State or foreign country)
14. Maiden name: Liv Unknown
15. Birthplace: Unknown Norway (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. John Hill
(b) Address: Rt. 3. Indep. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Walcott N. Dakota
18. (a) Signature of funeral director: Art Mitchell
(b) Address: 310 N. Main, Indep. Mo.
19. (a) 3-3-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 5, 1947 to March 2, 1947 that I last saw him alive on March 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Carcinoma of	
Due to: Stomach	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: See Above	

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: [signature] (M. D. or Coroner)
Address: 2800 Main Date signed: 3/3/47

354 (Licensed Embalmer's Statement on Reverse Side)

APR 29 1947

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 Henry L. Mitchell

Licensed Embalmer No. 3925

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.