S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33862

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 332

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. E. Mo. Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Cape Girardeau
(c) City or town Millersville 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rebecca Ann Loberg
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo. W. Loberg
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased 9 (Month) 19 (Day) 1865 (Year)

8. AGE: Years 82 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Bollinger County Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Dave Barks 0
13. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Bollinger
15. Birthplace Bollinger Co. Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs David Seibert
(b) Address Jackson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director McCombs Funeral Co
(b) Address Jackson Mo.
19. (a) 10-24-1947 (Date received local registrar) (b) G. C. Summers (Registrar's signature) 1/1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 1947 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Oct 17, 1947, to Oct 22, 1947, that I last saw her alive on Oct 21, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	6 days
Due to	
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 61	

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 0
23. Signature E F McDonald (M. D. or other)
Address Jackson, Mo. Date signed Oct 23 '47

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1942

RECEIVED

District Health Officer No. 4

District File Number 1047-1364

Date Filed 10-27-42

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 Thos. K. Ellen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.