

No. 2
12-45
-17-39
X47070

FILED DEC 8 1947

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo 26 days
(Specify whether
In this community 3 mo 26 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison 11
(c) City or town Jarkis 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Albert Obert

3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex male 0 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 April 8 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 20 _____ hr. _____ min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Leonard Obert

13. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pace

15. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Obert
(b) Address Jarkis Mo.

17. (a) burial (b) Date thereof 11/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jarkis Mo.

18. (a) Signature of funeral director Heaton - Bowman
(b) Address St. Joseph, Mo
19. (a) 12-2-47 (b) H. S. Jenkins
(Date received local registrar) (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 2, 1947, to Nov. 28, 1947;
that I last saw him alive on Nov 27, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to Orchitis testis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature James Thomas (M. D. or other) _____
Address St. Joseph Mo Date signed 1/28/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

NEP 8 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.....

Francis Joseph Wyland Jr....., Registered Apprentice No. *444*
working under my personal supervision.

Signed *Frank A. Bowman*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph*

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.