

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No.

FILED JAN 9 1948

Registration District No. 5

Primary Registration District No. 3011

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Atwood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17

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

(d) Street No. 215 So. Locust
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD C. OBERLAG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 5. Color of race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Oberlag

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan. 24 1864
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>83</u>	<u>11</u>	<u>22</u>	hr. min.

9. Birthplace Wright City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business

12. Name Conrad B. Oberlag 9

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

14. Maiden name Katherine Butuermiller

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Oberlag

(b) Address Carrollton, Mo

17. (a) burial (b) Date thereof 12/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Standley & Gibson

(b) Address Carrollton, Mo

19. (a) 12/18/47 (b) Mr. Herbert Calvert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 1, 1947, to December 16, 1947;
that I last saw him alive on December 15, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death

① Hepatitis with uraemic (urine) cause
② Myocarditis with myocardial degeneration
③ Atherosclerosis

Duration

today

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

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 (e) Means of injury 0

23. Signature Dr. H. P. Calvert (M. D. number)

Address Carrollton Mo Date signed 12/18/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-8-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.