

No. 2  
A-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 3 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11604**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 464

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hrs. 28 mi.  
(Specify whether years, months or days)  
In this community 6 hrs. 28 mi.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2204 MONTEREY DRIVE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bonnie Lynn O'Berg  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 20  
year 48 hour 9 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 6 a.m. to 9:30 a.m.  
April 20, 1948 to 19  
that I last saw her alive on April 20, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 4 20 48  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Erythroblastosis foetalis 6 hrs.

8. AGE: Years Months Days If less than one day  
0 0 0 6 hr. 28 min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Newborn

PHYSICIAN  
Underline (the cause to which death should be charged statistically.)  
1610

11. Industry or business none  
12. Name Elmer Herman O'Berg  
13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Leona Libby Bond  
15. Birthplace Trenton Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Elmer Herman O'Berg  
(b) Address 2204 Monterey Dr. City  
17. (a) BURIAL (b) Date thereof APR 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK CEM.  
18. (a) Signature of funeral director Walter Meishoff  
(b) Address 1946 Colhoun St. St. Joseph, Mo.  
19. (a) 4/26/48 (b) G. B. Jenkins  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signed \_\_\_\_\_ (M. D. or other)  
Address St. Joseph, Mo. Date signed 4-20-48

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Raymond W. Merriam*

Licensed Embalmer No.

*4413*

P. O. Address

*Joseph, 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.**