

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF STATISTICS  
National Office of Vital Statistics  
FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19999

State File No. \_\_\_\_\_

Registrar's No. 5

Registration District No. 111

Primary Registration District No. 4265

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

400

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William H. H. Larberg

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 18 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 28 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman R. Larberg

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

14. Maiden name Leithe Westermeyer

15. Birthplace Marthasville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed H. Dickman

(b) Address Napoleon Mo

17. (a) Burial (b) Date thereof April 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Napoleon Mo

18. (a) Signature of funeral director Forest J. Kempel

(b) Address Levenson Mo

19. (a) 4/7/48 (b) Walter Drummond  
(Date received local registrar) (Registrar's signature) (Initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1948 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 4  
1945 to April 6 1948

that I last saw him alive on April 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5-6

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic nephritis 3 yr  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Ben H. Grasher (M. D. or other) \_\_\_\_\_  
Address Depue Mo Date signed 4/7/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-23-48

*Becker*

**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 *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leungton, 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.**