

FILED JUL 17 1948

Registration District No. 5783

Primary Registration District No. 5783

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural Richards
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Dorothy Kileen Malmberg

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

4. Sex Female 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: June 16 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clarence Everett Malmberg

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

14. Maiden name Lena Stogard

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

16. (a) Informant L. C. Malmberg

(b) Address Iberia, Mo.

17. (a) Burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadow Cemetery

18. (a) Signature of funeral director Lena L. Adams

(b) Address Iberia Mo.

19. (a) June 18-48 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Iberia Mo. R.R. 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 8:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 16th 1948 to June 16th 1948
that I last saw her alive on June 16th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum Duration 4 hrs.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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 2

23. Signature Wm A. Gault (M. D. or other) D. O.

Address Iberia, Mo. Date signed 6/19/48

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 16 1948

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 Erwin L. Adams
Licensed Embalmer No. 4207
P. O. Address Shreve, 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.