300
-47
-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29124

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 76

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: 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

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

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

If yes, name country

3. (a) PRINT FULL NAME LYDIA S. OBERLAG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased Nov (Month) 21 (Day) 1863 (Year)

8. AGE: Years 84 Months 9 Days 24 If less than one day hr. min.

9. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Winkler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Karl Hartung
(b) Address Parsons Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-48 (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) 9/15/48 (Date received local registrar) (b) Wm Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1948 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 1, 1947, to Sept 13, 1948 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	½ hr
Due to	
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? Means of injury?

23. Signature [signature] (M. D. or other)

Address Carrollton, Mo Date signed 9/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1
Date Filed 10-13-48

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.