

No. 2  
-1/47  
17-39

4643

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED MAR 2 1948

Registration District No. 137

Primary Registration District No. 5512

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural - Henry Co.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 7 miles N.W. of Clinton Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yr. (Specify whether years, months or days)

In this community 6 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 43

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

(d) Street No. 7 miles N.W. of Clinton Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Alanzo Oberkrom

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race W

5. Color or race W

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

6. (b) Name of husband or wife Betty Oberkrom

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 6 20 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace and Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Herford Dealer

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

12. Name Fred Oberkrom

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

14. Maiden name Florence Joyce

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

16. (a) Informant Betty Oberkrom

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 2-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director Fred Wilkins

(b) Address Clinton Mo.

19. (a) 2-23-48 (b) R. H. Kerney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day 23  
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Sept 6, 1947 to Feb 23, 1948;  
that I last saw him alive on Feb 23, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hour

Due to Thrombus

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

Other conditions... (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations MI

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 \_\_\_\_\_

23. Signature Raymond O. Smith (M. D. or other) M.D.

Address Clinton, Mo. Date signed 2-23-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-154  
Date Filed 3-1-49

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 Fred E. Williams Jr.  
Licensed Embalmer No. 4510  
P. O. Address Clinton, 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.