

REC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 39920815  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson  
(b) Township Kaw  
(c) City Kansas City  
(e) Length of residence in city or town where death occurredRegistration District No. 1002  
Primary Registration District No. St. Joseph Hosp.Registered No. 2265(d) Street No. 125  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME William L. Hobson(a) Residence, No. 4715 Holmes St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Hobson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 18827. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 2 9OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Stock Broker  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.FATHER 13. NAME Isaac Fries14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont KnowMOTHER 15. MAIDEN NAME Levina Green16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know17. INFORMANT Miss Marie Hobson  
(ADDRESS) 4715 Holmes St. K. C. Mo.18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE Forest Hill DATE 6/4/3819. FUNERAL DIRECTOR W. F. Mayberry  
(ADDRESS) 2315 Linwood Blvd. K. C. Mo.20. FILED 6-3 1938 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/38 193822. I HEREBY CERTIFY That I attended deceased from May 18 1938 June 1 1938I last saw him alive on June 1 1938 Death is said to have occurred on the date stated above, 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Perforated appendix  
venereal syphilis and  
acute nephritis. Date of onset 5-1-38Other contributory causes of importance: 121Name of operation appendectomy Date of 5-28-38  
What test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury  
Nature of injury24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) Blarene A. McQuinn M. D.  
(Address) 1424 Prof. Bldg

81 110 Claver  
Mar 02 36  
1424 Professional Arts

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
.....  
Licensed Embalmer No.....

**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.)**