

DEC 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38108

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Taw Primary Registration District No. 1002
 (c) City Lansing City (d) Street No. Research Hospital Registered No. 4342
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7410 High Drive St. Johnson Co, Kans
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hillie B. Hobart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1857
 7. AGE YEARS 81 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. National Biscuit Co
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) McDonough County
 (STATE OR COUNTRY) Ill.

FATHER 13. NAME Edward Hobart

14. BIRTHPLACE (CITY OR TOWN) McDonald Co.
 (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mariam McCall

16. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY) 1

17. INFORMANT Norman Hobart
 (ADDRESS) 225 N. Concord

18. BURIAL, CREMATION, OR REMOVAL PLACE Harest Hill DATE Nov. 7 1938

19. FUNERAL DIRECTOR (NAME) D. H. Neuromeris Sons
 (ADDRESS) Brushcreek Pass

20. FILED 11-7 1938 M. M. Croome
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:15-15, 1938, to Nov. 4, 1938

I last saw him alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 9:20 P.M.

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

Carcinoma of abdominal lymph nodes with metastases in liver & peritoneum & lung (metastases to the two lungs of the same origin)

Other contributory causes of importance:

hypertension - slow in from heart I have a sternal

Name of operation Biopsy Pan Date of 11-4-38
 What test confirmed diagnosis (above) Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1938

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 injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) L. S. Miller, M. D.

(Address) 1152 S. Central Ave

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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.....

Lawrence Carr
4031

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.