

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11451

Registration District No. 427

Primary Registration District No. 5592

Registrar's No. 24

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days) 15 1/2 Hours

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Holden Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Northwest of Holden 6 1/2 Mi.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lois Lynn Hobbs
 (b) If veteran, name war ✓ (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9th
 year 1940 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from March 8, 1940, to March 9, 1940, that I last saw her alive on March 8, 1940, and that death occurred on the date and hour stated above.

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

Immediate cause of death Prematurity - probably a heart anomaly - no autopsy
 Due to _____
 Due to _____

7. Birth date of deceased March 8 1940
(Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day 15 hr. 30 min.

Other conditions 159
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Johnson Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business ✓
 MOTHER { 12. Name Merrill Hobbs
 13. Birthplace Cass Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Florence Windsor
 15. Birthplace Colorado
(City, town, or county) (State or foreign country)

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? 300
(Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Merrill Hobbs
 (b) Address Holden Mo
 17. (a) Burial (b) Date thereof Mar 10 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wesley Chapel Cemetery
 18. (a) Signature of funeral director J. M. Johnson
 (b) Address Holden Mo
 19. (a) Mar 9 1940 (b) Mrs. G. V. Redford
(Date received local registrar) (Registrar's signature)

23. Signature Kelly Rawlins (M. D. or other) 1
 Address Holden Mo Date signed 3/9/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 W. M. Goodman
Licensed Embalmer No. 2424
P. O. Address Holden 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, above space should be left blank.