

11557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 478Primary Registration District No. 5642Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Lewis Harrison
 (b) City or town Rural
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)

- (d) Length of stay: In hospital or institution 2
 (Specify whether _____)

In this community _____
 years, months or days 1 1/23. (a) PRINT FULL NAME Martha Ann Hobbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edgar Hobbs 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased May 9 1887
 (Month) (Day) (Year)8. AGE: Years 52 Months 9 Days _____ If less than one day
 hr. _____ min. _____9. Birthplace Mendon Ill (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William L. Howe 113. Birthplace Ill. (City, town, or county) (State or foreign country)14. Maiden name Mary J. Taylor 115. Birthplace Ill. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Grace M. Pelland(b) Address Mendon Ill17. (a) Burial (b) Date thereof Feb 28 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ewing Cemetery18. (a) Signature of funeral director Thomas Bell(b) Address Ewing, Mo.19. (a) April 10 - 1940 (b) Thomas Bell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis(c) City or town Rural
 (If outside city or town limits, write "RURAL")(d) Street No. W. W. of Ewing
 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8year 1940 hour 1:00 P. M. minute _____ M.21. I hereby certify that I attended the deceased from Feb 28to Feb 9 1940.that I last saw her alive on Feb 7th 1940
 and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration acute degeneration
bronchopneumonia
 Due to complication of influenza
& diabetes

Due to _____

Other conditions diabetic phase
 (Include pregnancy within 3 months of death)

Due to _____

Major findings: 59Of operations noneOf autopsy none

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) none(b) Date of occurrence none(c) Where did injury occur? none
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
21 none (Specify type of place)While at work? none (e) Means of injury none23. Signature Guy W. White, D.O. (M.D. or other)Address Ewing Mo Date signed 2-13-40

Sept (Licensed Embalmer's Statement on Reverse Side)

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

REV. 5-17-39
 11 X19511

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. 10
District Health Officer No.

District File Number 4-40-838

Date Filed APR-16-1940

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. 1744
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.