

Registration District No. 17 1940

Primary Registration District No. 288

Registrar's No. 4172

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

1. PLACE OF DEATH:

(a) County Wausonia  
(b) City or town Jennett  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 175

3. (a) PRINT FULL NAME William S. Hobson

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

4. Sex male 5. Color or race White (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 7 - 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation agent Blacksmith

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

12. Name Breen Hobson

13. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City, town or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Adell Hobson

(b) Address Jennett

17. (a) Burial (b) Date thereof April 15 - 1940  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Basel

18. (a) Signature of funeral director E. Morgan Burns

(b) Address Hennersville, Mo.

19. (a) 4-23-1940 (b) Muller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin  
(c) City or town Jennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. St. Francis west  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 1940  
year 1940 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-1-1939 to 4-14-1940

that I last saw him alive on 4-14-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension Duration \_\_\_\_\_

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

Due to Genus Arterio Sclerosis

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? no

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature Phillip D. ... (M. D. or other) 1

Address Jennett Mo Date signed 4-14-40

RECEIVED

District Health Officer No. 2

District File Number 540-100

Date Filed 5/15/40

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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.....

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.**