No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29190

Registration District No. 607 Primary Registration District No. 4361 Registrar's No. 48

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 120

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur O Hobbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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

7. Birth date of deceased Feb (Month) 19 (Day) 1912 (Year)

8. AGE: Years 28 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Portageville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name G. P. Hobbs
13. Birthplace Tanq Farm Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Daisy Burgess
15. Birthplace Rector (City, town, or county) Ark (State or foreign country)

16. (a) Informant Linna Hobbs
(b) Address Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director [illegible] Funeral Parlor
(b) Address Portageville Mo

19. (a) Sept 6 1940 (Date received local registrar) (b) Mary W. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day Ist 1940
year 1940 hour About II minute 1---P. M.

21. I hereby certify that I attended the deceased from About II-50 P.M Sept., 1, 40, 19__;
that I last saw him alive on already dead-9-I-, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Disarticulation of Atlas and Axis (Broken neck)	
Due to Evidently a stroke in the face by some object, the source of which	
Due to is unknown to me, not being a witness.	
Other conditions Only history (Include pregnancy within 3 months of death)	

Major findings: Of operations No oporation 19 40

Of autopsy None

PHYSICIAN — 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) Unknown
(b) Date of occurrence About 8 miles North West
(c) Where did injury occur? Portageville, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 535 (Specify type of place)
While at work? (e) Means of injury

23. Signature A A Reeder (M. D. or other) 1
Address Portageville, Mo. Date signed 9-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.