

Registration District No. **537**

Primary Registration District No. **5372**

Registrar's No. **55**

MED OCT 18 1940

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Drury Jackson 7
(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 2
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Marjorie Yovaine Dobbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or face 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 August 29 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 14 hr. _____ min.

9. Birthplace Drury, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Johnny Dobbs

13. Birthplace Drury, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Gladys Lekov

15. Birthplace Drury, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Johnny Dobbs

(b) Address Drury, Missouri

17. (a) Burial (b) Date thereof 9-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 9-25-1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Drury Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 13 to Sept 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Branchial aneurysm 3 days

Due to Fallovary Concomitant defect

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107 in

Major findings: Of operations _____

Of autopsy _____

Duration _____ days

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) _____

(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? _____

976 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. M. Norman (M. D. or other) _____

Address Drury, Mo. Date signed 9-13-40

RECEIVED

District Health Officer No. 3,

District File Number 1040-2642

Date Filed OCT 2 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.....
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.