No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34945

FILED NOV 15 1940

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 265

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town AUXVASSE R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi. South of AUXVASSE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John William Kobush
3. (b) If veteran, name war
3. (c) Social Security No. NONE
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 JAN. (Month) 7, (Day) 1937 (Year)

8. AGE: Years 3 Months 9 Days 3 If less than one day hr. min.

9. Birthplace AUXVASSE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation BABY
11. Industry or business
FATHER
12. Name ARTHUR KOBUSH
13. Birthplace NEW FLORENCE (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name GERTRUDE KNIPP
15. Birthplace BACHELOR (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant ARTHUR KOBUSH
(b) Address AUXVASSE, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation AUXVASSE, MO
18. (a) Signature of funeral director Glen Y. Manzer
(b) Address 700 Court St Fulton, Mo.
19. (a) Oct. 11, 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1940 hour 4 minute 47 P. M.
21. I hereby certify that I attended the deceased from 10/3/40, 19, to 10/10, 1940 that I last saw him alive on 10/10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute appendicitis with generalized Peritonitis	1 week
Due to	
Due to	
Other conditions Paralytic ileus (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations acute appendicitis (ruptured) with peritonitis
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Henry Durst (M. D. or other) M.D.
Address Fulton, Mo Date signed 10/11/40

(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 Walter R. Hedger, Registered Apprentice No. 163 working under my personal supervision.

Signed Glen G. Mangan

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo

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, fact should be so stated above.