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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1049**

**FILED FEB 18 1941**  
399

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002** Registrar's No. **9**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Children's Mercy Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Delores Hobson**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

4. Sex **F** 5. Color or race **W** 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 3 1936**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**4** **4** **29** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Rich Hill, Mo.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

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

MOTHER FATHER  
12. Name **Harold E. Hobson**  
13. Birthplace **Pittsburg, Kans.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name **Wests Blake**  
15. Birthplace **Liberal, Mo.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold E. Hobson**  
(b) Address **Richards, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 2, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Rich Hill, Mo.**

18. (a) Signature of funeral director **Booth New Home**  
**Rich Hill, Mo.**  
(b) Address \_\_\_\_\_

19. (a) **1-2-41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **108**  
(c) City or town **Richard** **00**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **1**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **2**  
year **1941** hour **9 15** minute **7** P.M.  
21. I hereby certify that I attended the deceased from **Dec. 12**  
\_\_\_\_\_ 1940, to **Jan. 2** 1941;  
that I last saw h.e.r. alive on **January 2** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Pneumonia**  
Due to **Attention from**  
**bronchitis followed**  
Due to **Chronic Bronchitis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations **107**  
Of autopsy **same**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury **0**  
23. Signature **W. S. Gordenberg** (M. D. or other) **Jan 2**  
Address **1316 Parkside** Date signed \_\_\_\_\_

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

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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, fact should be so stated above.**