

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAR 17 1947  
Registration District No. 2977

Primary Registration District No. 5528

Registrar's No. 3

## 1. PLACE OF DEATH:

- (a) County Howard  
 (b) City or town Rural Boonville  
 (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 \_\_\_\_\_  
 In this community 87 yrs 5 mo. 8 da  
 years, months or days) (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME DORA PIERCE BOBBIT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife John E. Bobbit 6. (c) Age of husband or wife if alive Dec. years  
 7. Birth date of deceased Aug 28 - 1853  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Howard Co. (City, town, or county) (State or foreign country)10. Usual occupation House wife.11. Industry or business None

MOTHER FATHER  
 12. Name Lois Kinslett  
 13. Birthplace Howard Co. (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Flemming  
 15. Birthplace Howard Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. P. Sovering(b) Address Franklin, Mo.17. (a) Burial (b) Date thereof 2/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Boonville, Mo.18. (a) Signature of funeral director C. S. Klein, Co.(b) Address New Franklin, Mo.19. (a) Feb 8 (b) Mrs. Elizabeth Chipley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.R. 1 Franklin, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6th  
year 1941 hour 11 minute 25 p.m.21. I hereby certify that I attended the deceased from Feb. 5, 1941, to Feb 6, 1941;  
that I last saw her alive on Feb 4, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Diabetic Coma Duration \_\_\_\_\_

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

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

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:

- (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 Hubert H. Wells (M. D. certifying) \_\_\_\_\_  
Address Boonville, Mo. Date signed Feb 10 1947

RECEIVED  
District Health Officer No. 8  
District File Number 3-12-41  
Date Filed

**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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, Mo

**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.**