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APR 15 1947

DEPARTMENT OF COMMERCE

U.S. DEPARTMENT OF THE CENSUS

APR 15 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11186

State File No.

Registration District No. 469

Primary Registration District No. 5-63d

Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Burah - Lincoln
(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 3 months
In this community 3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME James W. Hobbs
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased 10-12-1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Scott Co, Ind. 1 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Shelby Hobbs
13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hogg (City, town, or county) (State or foreign country)
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margarette Haenshell
(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 2-6-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sparks

18. (a) Signature of funeral director Morris Herman
(b) Address Miller Mo.

19. (a) 4-1-41 (b) W. S. Beverly (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Butterfield 9
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1941 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial stenosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

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

Major findings:
Of operations
Of autopsy

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?

420
While at work? (Specify type of place) (e) Means of injury
23. Signature Ed. J. B... (M. D. or other) D
Address Miller Date signed

RECEIVED

District Health Officer No. 6,

District File Number

441-597.

Date Filed

APR 10 1941

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:

G. B. Lerman

Licensed Embalmer No.

3297

P. O. Address

Miller 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, fact should be so stated above.