

DEPARTMENT OF COMMERCE  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11919

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 57

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Wentz Farmington, Mo.  
(c) Name of hospital or institution: State Hospital No. 4  
(d) Length of stay: In hospital or institution 2 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Wentz  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy B. Bobbitt  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27 year 1941 hour 8 minute 45 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife H. W. Bobbitt 6. (c) Age of husband or wife if alive 41 1/2 years  
7. Birth date of deceased 4 (Month) 30 (Day) 1864 (Year)

21. I hereby certify that I attended the deceased from 10-14-40 to 3-27-41  
that I last saw her alive on 3-26-41 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 10 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion  
Duration Instantaneous

9. Birthplace Bloomfield Missouri  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_

Due to Metastatic Carcinoma of lungs, particularly left  
Due to Recurrent carcinoma, recurrent of left breast  
Other conditions Chronic myocarditis, Sinus bradycardia, Single Sideritis  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
12. Name David Lewis  
13. Birthplace North Carolina  
14. Maiden name Elizabeth Lawrence  
15. Birthplace North Carolina

Major findings: Rt. breast amputated left unknown when and findings unknown  
Of autopsy None

16. (a) Informant David J. State Hospital No. 4  
(b) Address Wentz Farmington, Mo.  
17. (a) Burial (b) Date thereof March 28 1941  
(c) Place: burial or cremation Wentz Farmington Cemetery  
18. (a) Signature of funeral director Virgil W. Washburn  
(b) Address Wentz Farmington, Mo.  
19. (a) Mar 30-41 (b) T. J. Robinson

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) (e) Means of injury \_\_\_\_\_  
23. Signature I. C. C. Oult (M. D. or other) MD  
Address Wentz Farmington, Mo. Date signed 3/28/41

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

**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.....

*Virgil H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address. *Dexter - M*

**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.**