

15541

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 686

Primary Registration District No. 3913

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural - Spencer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 1 mo. 27 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Spencer Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour _____ minute _____ 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: Accidental caused by tractor reversing up and crushing abdomen
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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? _____

23. Signature M.H. Smith Coroner
Address Louisiana Mo Date signed 4/24/41

3. (a) PRINT FULL NAME John Deem Bobeen
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia Bobeen 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May 6 - 1891 (Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Lincoln Co. Hardport Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Joe Bobeen
13. Birthplace Lincoln County Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lena Herpach
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Bobeen
(b) Address Arroyville Mo

17. (a) Burial (b) Date thereof 4-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hawk Point Cemetery

18. (a) Signature of funeral director W. B. E. Moore
(b) Address Bushy Green Mo

19. (a) 4-27-41 (b) Gene E. Henderson (Date received local registrar) (Registrar's signature)

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOTE - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *M. B. E. Moore*

Licensed Embalmer No..... *3466*

P. O. Address..... *Bowling Green 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.