

S. No. 2  
-1-4-41  
5-17-39  
P1 X26392

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31042

FILED OCT 10 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 5127

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3-#36  
102 River Road 1/2 Miles So. of Hi-way  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Buchanan (b) County Buchanan  
(c) City or town St. Joseph mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Baron St. Rd. #1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (c) PRINT FULL NAME Norman Benton Hobson

3. (b) If veteran, name war no  
3. (c) Social Security No. 487-28-0002

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced S  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2-14-1925  
(Month) (Day) (Year)

8. AGE: Years 16 Months 6 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rosendale mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Beauty parlor

12. Name Walter F. Hobson

13. Birthplace Rosendale mo  
(City, town, or county) (State or foreign country)

14. Maiden name Glady's Hobson

15. Birthplace Rosendale mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Glady's Hobson

(b) Address Baron St. Road. Post 1

17. (a) ~~Interment~~ (b) Date thereof 9-1-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director E. C. Brest

(b) Address Savannah mo

19. (a) Sept 2, 1941 (b) Walter F. Hobson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1941 hour 4 minute 20 P.

21. I hereby certify that I attended the deceased from on Sept 1 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Compressed skull fracture 1 day  
with loss of brain substance  
Due to through the right parietal  
wall,  
Due to 1100a-0

Other conditions 1.5  
(Include pregnancy within 3 month of death)  
Was riding south on River  
Major findings: road, (10.2 River) one  
and one half mile south of  
Of operations NO  
Of autopsy NO Highway 30,  
Automobile train fall across

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) accident  
(b) Date of occurrence Sept 1 - 1941  
(c) Where did injury occur? St. Joseph Buchanan MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place or public place?  
Public Road & Rail Road Crossing

While at work? no (e) Means of injury Auto-train

23. Signature H. F. Mundy (M.D. or other) Coroner  
Address 404 So 3d Date signed 9/1/41

(Licensed Embalmer's Statement on Reverse Side)

St Joseph mo.

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

1100

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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..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address..... *Savannah 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.**