

FILED MAY 14 1942 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1799

1. PLACE OF DEATH: Jackson
 (a) County: Jackson
 (b) City or town: Kansas City, Mo.
 (c) Name of hospital or institution: St Joseph Hospital
 (d) Length of stay: In hospital or institution: 3 weeks
 In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City, Mo. - Salem
 (d) Street No.
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country:

3. (a) PRINT FULL NAME: Nathaniel N. D. Hobson
 3. (b) If veteran, name war: - 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: May day: 7 year: 1942 hour: .. minute: .. M.

4. Sex: M; 5. Color or race: W; 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife: Gertrude alive 61 years
 7. Birth date of deceased: (Month) Feb (Day) 9 (Year) 1873

21. I hereby certify that I attended the deceased from: Apr. 12 1942 to: .. 19...
 that I last saw him alive on: May 7 1942 and that death occurred on the date and hour stated above.
 Immediate cause of death: Haemorrhage in the brain

8. AGE: Years: 69 Months: 2 Days: 28 If less than one day: .. hr. .. min.

Due to: Hypertension - Had an enlarged prostate
 Due to: which was removed April 1942
 Other conditions: .. 1370
 (Include pregnancy within 3 months of death)

9. Birthplace: Salem Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation: Funeral Director

Major findings: Enlarged prostate
 Of operations: ..
 Of autopsy: no
 PHYSICIAN: .. Underline the cause to which death should be charged statistically.

11. Industry or business: ..
 12. Name: F. D. Hobson
 13. Birthplace: Soule Mo. (City, town, or county) (State or foreign country)
 14. Maiden name: Gertrude O. Hobson
 15. Birthplace: Salem Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. H. D. Hobson
 (b) Address: Salem Mo.
 (c) Date thereof: 5-8-42 (Month) (Day) (Year)
 (d) Place: burial or cremation: Salem Mo.

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? ..

18. (a) Signature of funeral director: ..
 (b) Address: Kansas City Mo.
 19. (a) 5-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

23. Signature: .. (M. D. or other) ..
 Address: .. Date signed: 5/7/42

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

MOTHER FATHER

JUN 8 1942

300 W 56th ST

tel 6 01 2047

JUL 26 1950

MAR 17 1954

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

J. P. Sheel

Licensed Embalmer No.

3625

P. O. Address

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.