DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28414

Registration District No. 8-63-356 Primary Registration District No. 6208 Registrar's No. 18

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

07
0
0

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Yukon Rural-Ozark
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Texas 0
(c) City or town Yukon - Rural 0
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DENVER CLAYTON HOBBS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Alvin Hobbs
13. Birthplace (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Lillie Irvin
15. Birthplace (City, town, or county) 0 (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Big Creek Cem.
18. (a) Signature of funeral director Russell Barb
(b) Address Mtn. Grove Mo
19. (a) April 20-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 16
year 1942 hour 10 minute 40 A M.
21. I hereby certify that I attended the deceased from MAY 5, 1940, to MAR 16, 1942;
that I last saw h. 1 M alive on MAR. 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death AMYLOIDOSIS	
Due to STILL'S DISEASE	
Due to ACUTE RHEUMATIC FEVER	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59a	
Of autopsy	

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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature L M Dillman (M. D. or other) H.D.
Address Houston, Mo Date signed 3-16-42

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 942726
Date Filed 9-18-72

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28414

Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Texas
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Denver Clayton Hobbs
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: February (Month) 23 (Day) 1926 (Year)

8. AGE: Years 16 Months 0 Days 27 If less than one day hr. min.

9. Birthplace: Texas (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business: School Boy
FATHER
12. Name: Alvin Hobbs
13. Birthplace: Texas (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Lillie May Erwin
15. Birthplace: Texas (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Alvin Hobbs
(b) Address: Yukon Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: 3-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) April-20-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY