

FILE - JAN 22 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Major Clinic - 81st & Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours
(Specify whether years, months or days)

In this community 1 Week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Dover Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ethel Mae Saddler Hobson

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-5166

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Orrel Myron Hobson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 8 1893
(Month) (Day) (Year)

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

49 0 28 hr. min.

9. Birthplace Montezuma Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Horace D. Saddler

13. Birthplace Montezuma Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Goin

15. Birthplace Liberty Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. H. Edwards

(b) Address R.F.D. # 8 North Kansas City

17. (a) Removal (b) Date thereof January 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation 11111/1 Cem. Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-11-43 (b) Dr. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1943 hour Seven minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 6th 1943 to Jan 6th 1943, that I last saw her alive on Jan 6th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden

Due to Cerebral Thrombosis & Hypertension

Due to gla

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? _____

While at work? _____ (Specify type of place)

(e) Years of injury _____

23. Signature Harmon S. Meyer (M. D. or other) _____

Address 3100 Euclid Ave. KC Mo Date signed 1/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

C. Hervey Eisenberg

Licensed Embalmer No..... *4070*

P. O. Address..... *B C 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.