No. 2
-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5989

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 46.

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: died on way to 3 St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 4

(d) Street No. 1208 Chestnut St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HARVEY F. HOBBS

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-3422

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. (Month) 5 (Day) 1883 (Year)

8. AGE: Years 59 Months 10 Days 30 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Maintainance Man

11. Industry or business Ozark Bridge Co

FATHER
12. Name William Hobbs.
13. Birthplace Cape Girardeau Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Randol
15. Birthplace Cape Girardeau Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mr John Hobbs.

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chapel Cem

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo.

19. (a) 2-6-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1943 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from Coroner Case, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Sclerosis of Coronary Arteries

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations

Of autopsy

Duration

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 Dr. J. F. Sigmund Jr. Coroner (M. D. or other)

Address Jackson Mo. Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1890

Date Filed 3-8-43

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. W. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau

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

If this body is not embalmed, fact should be so stated above.