

Registration District No. 100Primary Registration District No. 0391

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ward County
 (b) City or town Texas Township Rural
 (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 20 years
 years, months or days

3. (a) PRINT
FULL NAMEJohn William Hobson3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M5. Color or
race A6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Lyndell Lee Matthews6. (c) Age of husband or wife if
alive 77 years7. Birth date of deceased
(Month) Nov20701964

8. AGE:

Years

Months

Days

If less than one day

78214

hr. _____ min.

9. Birthplace

Deer County,

(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

John W. Hobson

12. Name

Indiana

13. Birthplace

Indiana

(City, town, or county)

MO
(State or foreign country)

14. Maiden name

Lyndell Lee Matthews

15. Birthplace

Indiana

(City, town, or county)

MO
(State or foreign country)

16. (a) Informant's own signature

Mrs J W Hobson

(b) Address

Rayce MO17. (a) Burial

(b) Date thereof

2 7 43

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Rock spring

18. (a) Signature of funeral director

Hobson - Matthews

(b) Address

Rayce MO19. (a) 2-5-43

(b)

J. Stur

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Deer
 (c) City or town Rayce Texas
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 4
 year 1943 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 5
1943 to Feb 4 1943
 that I last saw him alive on Feb 3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

Duration

Due to

chronic nephritis

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 sta-
tistically.

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) Means of injury

23. Signature

Lyndell Lee Matthews (M. D. or other)

Address

Rayce MODate signed 2-4-43

RECEIVED

District Health Officer No 5
District File Number 549144
Date Filed 3-8-49

APR 8 1949

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 *Dwight W. Fox*
Licensed Embalmer No. *2910*
P. O. Address *Salmon, Md*

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, above space should be left blank.