

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10128

State File No. ....

FILED MAR 17 1943

Registration District No. 10.1

Primary Registration District No. 5401

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1  
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:-

(a) State Missouri (b) County Douglas **34**

(c) City or town Drury Rural  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ Route Route  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Dobbs

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Frank Dobbs

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

7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year) 1895

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

67 hr. \_\_\_\_\_ min.

9. Birthplace: Drury Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Dobbs

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

14. Maiden name Jane Heat

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

16. (a) Informant Tom Dobbs

(b) Address Drury, Missouri

17. (a) Burial (b) Date thereof 11-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Friends

(b) Address \_\_\_\_\_

19. (a) 3-1-43 (b) Shelma S. Waters  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19  
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 1  
1942 to Nov 19 1942  
that I last saw her alive on Nov 19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92 lb

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) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 243-426

Date Filed MAR 16 1943

Did not want body embalmed, body took care of in home by friends.

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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.....

Licensed Embalmer No. 3431

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.