

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13223**
Registrar's No. **1792**

FILED MAY 5 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3-18-43-4-13-43**
(Specify whether
In this community **69** years
years, months or days)

3. (a) PRINT FULL NAME **ELIA HOBSON**
3. (b) If veteran, **no** name war
3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 5 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 8 hr. min.

9. Birthplace **Liberty Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **unemployed**

11. Industry or business

12. Name **Wesley Owens**

13. Birthplace **Mo. A**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **4-17-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **[Signature]**

(b) Address **1500**

19. (a) **4-15-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1728 Harrison**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13**
year **1943** hour **11:45** minute **P.M.**
21. I hereby certify that I attended the deceased from **March 18 1943** to **April 13 1943**
that I last saw her alive on **April 13 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration
Due to **Gangrene of right foot (post-operative)**
Due to **Atrophic Sclerosis**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Gangrene of right foot**
Of operations **Atrophic Sclerosis**
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?

23. Signature **[Signature]** (M. D. or D. O.)
Address **Gen. Hosp #2-600 E. 22** Date signed **4-15-43**

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..... *Thos. J. Ryan*

Licensed Embalmer No..... *2211*

P. O. Address..... *1819 E. 15th St*

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.