

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1002

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

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

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. W. Grandview St. No. 5
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. CARRIE ELEDA HOBSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1943 hour 2: minute 45 A.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife Thomas

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

7. Birth date of deceased July 6th, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-14, 1943 to 6-18, 1943 that I last saw her alive on 6-17-43 and that death occurred on the date and hour stated above.

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

72 11 12 _____ hr. _____ min.

Immediate cause of death abscess of lines

Due to Ruptured G.B.

Due to debility

Other conditions (include pregnancy within 3 months of death) 125 lb

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

10. Usual occupation At home

11. Industry or business _____

12. Name Ruben De Long

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Combs

15. Birthplace Los Angeles California
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Neva McCarthey

(b) Address Los Angeles, California

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-21-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Dunk and Rubin

(b) Address 20 W. Linwood K.C., Mo.

19. (a) 6-21-43
(Date received local registrar)

(b) Dep. P. E. Brown
(Registrar's signature)

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)

Means of injury _____

23. Signature [Signature]
Address 302 West... Date signed 6-19-43

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

MOTHER FATHER

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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.....

Harlyn Rose....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harlyn Rose*.....

Licensed Embalmer No. *2810*.....

P. O. Address. *17 E 226*.....

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.