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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9-1943

Registration District No. 123

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5458

24954

State File No.

Registrar's No. 6

1. PLACE OF DEATH
(a) County: Greene
(b) City or town: Walnut Grove Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Walnut Grove
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Walnut Grove
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

39
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3. (a) PRINT FULL NAME: Lucy Hobbs

3. (b) If veteran, name war: No

3. (c) Social Security No. No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: B. L. Hobbs

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: April (Month) 17 (Day) -1866 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 7 | 28 | hr. min. |

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

10. Usual occupation: House wife

11. Industry or business: General housekeeping

FATHER
12. Name: Andrew Jackson Putman
13. Birthplace: (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name: Anna Evans
15. Birthplace: (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant: B. L. Hobbs
(b) Address: Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cemetery

18. (a) Signature of funeral director: Geo. A. Brown
(b) Address: Walnut Grove, Mo

19. (a) 7-17-1943 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 15
year: 1943 hour: 1 4 minute: P.M.

21. I hereby certify that I attended the deceased from: No Physician, 19—, to attendance, 19—;
that I last saw it alive on, 19—;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Drowning | |
| Due to: Falling in tub of water | |
| Due to: | |
| Other conditions: Senility (Include pregnancy within 3 months of death) | 183.3 |
| Major findings: Of operations: | |
| Of autopsy: | 36 |

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): Accident 939
(b) Date of occurrence: July 15 1943
(c) Where did injury occur? Walnut Grove (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In yard of residence (Specify type of place)
While at work? No (e) Means of injury: Drowning

23. Signature: Murray C. Stone Coroner (M. D. or other)
Address: Springfield, Mo 3 Date signed: 7-15-43

124 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 43-8-87
Date Filed 8/6/43

**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 Geneva Bum

Licensed Embalmer No. 2664

P. O. Address Walnut Grove Mo

**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.**