

No. 2
13-40
7-39
X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27629

LED SEP 4 1943
Registration District No. 30

Primary Registration District No. 5105

State File No. _____
Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town "Rural" Union Twp.
(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 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles east of Nobby, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Joseph Hobbs
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 19
year 1943 hour 9 minute A. M.

4. Sex male 5. Color or Face white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Martha Ann Hobbs
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 8 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 7, 1943
1943, to August 19, 1943,
that I last saw him alive on August 19, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 7 11 hr. min.

Immediate cause of death Apoplexy of brain
Cerebral Hemorrhage Duration

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

Due to Hypertension
Due to Nephritis (Chronic)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 131 P

11. Industry or business _____
12. Name William Hobbs
13. Birthplace Hickory County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Reeder
15. Birthplace Scotland County Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Ann Hobbs
(b) Address Rt. 1, Edwards, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Climax Springs, Cemetery

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? _____

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.
19. (a) 8/21/43 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Dr. J. C. Briggs (M. D. or other) Do
Address Climax Springs, Mo. Date signed 8/21/43

RECEIVED

District Health Officer No. 7.

District File Number

Date Filed

8-43-855

9-2-43

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.