

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1116

1. PLACE OF DEATH: Buchanan  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 Missouri River at St. Joseph, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
 In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 6,  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Morris W.G. Hobbs

3. (b) If veteran, None name war  
 3. (c) Social Security None No

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, ~~Married~~ Divorced

6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 17, 1910  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	9	19	_____ hr. _____ min.

9. Birthplace Mammoth Springs Arkansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Bread Salesman

11. Industry or business As above

12. Name Ira Hobbs

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

14. Maiden name Mary Carpenter  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Ira Hobbs, Father  
 (b) Address R.F.D. # 6, St. Joseph

17. (a) Burial (b) Date thereof 10/11/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. Sapp  
 (b) Address 6054 Pryor Ave., City

19. (a) 10-11-43 (b) Rose Hugo  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2<sup>nd</sup>  
 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I ~~found~~ the deceased ~~on~~ on Oct 9<sup>th</sup> 1943 to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Drowned 164 ft 1 day

Due to Man drowned himself by jumping off the tree at bridge at St. Joseph, Mo on Oct 2 - 1943. His body was found on the Missouri River about 5 miles below the bridge on Oct 9 - 1943.

Other conditions (within 3 months of death)  
 Major findings: Was found on the Missouri River about 5 miles below the bridge on Oct 9 - 1943.  
 Of autopsy No. 1 below the bridge

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence Oct 2 - 1943

(c) Where did injury occur? St. Joseph, Buchanan Co., Mo.  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 Missouri River  
 (Specify type of place)

While at work? No (e) Means of injury Drowned

23. Signature H. F. Mandy (M. D. or other) Date signed 11/9/43  
 Address 4044 St. Joseph, Mo

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St Joseph, 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.**