

FILED DEC 22 1943
 7/9

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kan City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2827 Perry
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Theresa Mary Hobel
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Martin James 6. (c) Age of husband or wife if alive apt 55 years
 7. Birth date of deceased Jan 1 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER {
 12. Name John Howell
 13. Birthplace Wis (City, town, or county) (State or foreign country)
 14. Maiden name Mary Karaman
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Martin J. Hobel

(b) Address 2827 Perry

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Dunn - Grayberg

(b) Address 2315 Linwood

19. (a) 12-8-43 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Kan City (If outside city or town limits, write "RURAL")
 (d) Street No. 2827 Perry (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from November 17, 1943 to 12-6-1943 that I last saw her alive on 12-6-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast Duration 2 months

Due to Unknown 50

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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) (e) Means of injury _____

23. Signature H. E. Brown (M. D. or other) M.S.

Address _____ Date signed 12-8-43

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

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.....

Roy E Snow

Licensed Embalmer No..... *2560*

P. O. Address..... *2315 Lenwood*

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.