

FILED DEC 17 1949
Registration District No. 1847

Primary Registration District No. 5607

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Kingsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles North Kingsville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE I. HOBBS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased November 11, 1877
(Month) (Day) (Year)

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

65 10 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business on farm

12. Name Jacob Hobbs

13. Birthplace Macon County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Bolarjack

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

16. (a) Informant Ed. Hobbs

(b) Address Kingsville, Mo.

17. (a) Burial (b) Date thereof 10/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs Cem.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Nov. 5 - 43 (b) Mo Frank Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 3 Miles North Kingsville, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1943 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from May 4, 1943, to Oct 1, 1943
that I last saw him alive on Sept 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenum ulcer & Peritonitis

Due to _____

Due to _____

Other conditions Mal
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Kelley Paulina (M. D. or other)
Address Holden Mo Date signed 10/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FILED
12-13-43

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 Samuel B. Roper

Licensed Embalmer No. 4044

P. O. Address Holden, 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.