S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10705

Registration District No. 11 — Primary Registration District No. 3012 — Registrar's No. 54

1. PLACE OF DEATH:

(a) County ~~Ray~~ Clay

(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Sanatarium & Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ days (Specify whether In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State M Missouri (b) County Ray

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

(d) Street No. 831 St. Louis Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Samuel Dobbs

3. (b) If veteran, name war

3. (c) Social Security No. 703-03-8533

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mellie Marie Dobbs

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

7. Birth date of deceased August (Month) 29 (Day) 1874 (Year)

8. AGE: Years 69 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired-Mail & Baggage Clerk

11. Industry or business with N.C. Terminal

FATHER
12. Name Daniel Dobbs
13. Birthplace Londonshire (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Sarah M. Voorhees
15. Birthplace New York (City, town, or county) New York (State or foreign country)

16. (a) Informant Arthur E. Dobbs

(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Sr.

(b) Address 3256 Broadway

19. (a) 3-24-44 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from March 18, 1944 to March 22, 1944 that I last saw ~~him~~ alive on March 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to	
Due to hypertension & arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a1

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. R. M. Crocker (M. D. or other) MD

Address Excelsior Spgs Mo. Date signed 3/23/44

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1944

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-5-44

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 Frank G. Rowe

Licensed Embalmer No. 347

P. O. Address K.C. 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.