

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

FILED APR 11 1944

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether

In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 5th and Market
(If rural, give location)

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

If yes, name country XXX

3. (a) PRINT FULL NAME Julia Tripp Hobart

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day March
year 1944 hour 10:45 minute P M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles L. Hobart

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 1, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h er dead on 3/29 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>28</u>	<u>hr. min.</u>

Immediate cause of death AutoTrauma

Due to being struck by automobile

9. Birthplace North Vernon, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Publisher

Other conditions (Include pregnancy within 3 months of death) 1702-8

MOTHER FATHER

11. Industry or business Newspaper

12. Name Jasper Tripp

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

14. Maiden name Wary Jarie Webb
(State or foreign country)

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

PHYSICIAN

Major findings: 1702-8

Of operations 21

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles L. Hobart

(b) Address Holden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/44
(Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

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

(b) Address Holden, Missouri

19. (a) 4-1-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 051

(b) Date of occurrence March 29, 1944

(c) Where did injury occur? Holden, Johnson, Mo.
(City or town) (County) (State)

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

While at work? _____ (g) Means of injury 0

Signature Edward Andrews (City or town) _____
Address Holden, Mo Date signed 4-1-44

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

S. No. 2
DM—2-43
V. 5-17-39
-1 X35887

FEB 23 1945

JUL 5 1944

AUG 24 1953

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 W. L. Canaday

Licensed Embalmer No. 3434

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.