

S. No. 2  
I-1-4-41  
5-17-39  
I X2639

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 8 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18836

State File No. ....

Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town La Monte Mo.  
(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 25 years (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. / (If rural, give location)

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

If yes name country /

3. (a) PRINT FULL NAME Joselyn H Bobbitt

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nora E. Bobbitt

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 4 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Lester C. Bobbitt

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

14. Maiden name Nora Weathers

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

16. (a) Informant Ethel Bobbitt

(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof 5-II-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Cemetery

18. (a) Signature of funeral director B. F. Parker

(b) Address La Monte Mo.

19. (a) May 9 1944 (b) Ma Anna Burger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1944 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from May 8 1944 to May 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 3 mo

Due to paralysis agitans 15 yr

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W E Walker (M. D. or other) MD

Address La Monte Mo Date signed 5-9-44

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

8000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-6-77

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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

*B. J. Parker*

Licensed Embalmer No.

1592

P. O. Address

*Lamonte 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.