

FILED AUG 2 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3000

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:  
4721 TERRACE STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 14 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 483  
(If outside city or town limits, write "RURAL")

(d) Street No. 4721 TERRACE STREET  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. WILBUR RAYMOND HOBBS

3. (b) If veteran, name war NO

3. (c) Social Security No. 442-10-9031

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17<sup>TH</sup>  
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from July 16  
1944 to July 17, 1944,  
that I last saw him alive on July 17, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion acute arterio  
Duration \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ELYA ROSE HOBBS

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased MAY-17-1900  
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 0 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Coronary artery disease

Due to 94u

Other conditions Branchopneumonia 1 day  
(Include pregnancy within 3 months of death)

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

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation ACCOUNTANT

11. Industry or business SMELLY OIL COMPANY

12. Name HILARY HOBBS

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

14. Maiden name REBECCA ROTH

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

16. (a) Informant: Elysa R. Hobbs  
(b) Address 4721 Terrace

17. (a) BURIAL (b) Date thereof JULY-21-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-20-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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 Edgar H. Beaman (M. D. or other) MD.  
Address Printed Luthersburg, Md. Date signed 7/17/44

**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..... *K. E. Newcomer Jr*.....  
Licensed Embalmer No. *4043*.....  
P. O. Address..... *K. E. Newcomer Jr*.....

**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.**