

FILED JUL 28 1944

State File No.

Registration District No.

Primary Registration District No. 455 ✓

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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 2 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Emely Hobbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Hobbs 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased December 20 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Little
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary White
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chaelus Edwards
(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof 6/27/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yates Cemetery

18. (a) Signature of funeral director Bertha M. No Undertaker

(b) Address 6/26/44 (c) H. Mulvaney
(Date received local Registrar) (Registrar's signature)

19. (a) 6/26/44 (b) H. Mulvaney
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Bertha (Rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 20, 1944 to June 26, 1944; that I last saw her alive on June 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Left Pleurisy and Decompensation of the heart muscle

Due to _____
Due to _____

Other conditions (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 R. A. Ryan (M. D. or other) _____
Address Mountain Grove, Mo. Date signed 6/26-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

114
1
0

1353

RECEIVED

District Health Officer No. 6

District File Number 244-866

Date Filed JUL 25 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.