. S. No. 2
OM—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35033

FILED OCT 17 1944

Registration District No. 2 18

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether

In this community 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. ~~Rural~~ 200 La Compton (If rural, give location)

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

If yes, name country Naturalized at Decatur Ill 3/26-1900

3. (a) PRINT FULL NAME Robert Hobkirk

3. (b) If veteran, name war No

3. (c) Social Security No. 488-24-8378

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lulu Bill Hobkirk

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

7. Birth date of deceased 9-4-78 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Glasgow Scotland 4 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Genl Farming

FATHER
12. Name Robert Hobkirk
13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Lowton
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Hobkirk Jr

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Ill

18. (a) Signature of funeral director J C Haley Jr

(b) Address Louisiana Mo

19. (a) 10/2-44 (Date received local registrar) (b) J C Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1944 hour 12 minute 45 AM

21. I hereby certify that I attended the deceased from 2-2, 1944, to 10-2, 1944 that I last saw him alive on 10-2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to post operative

Due to

Other conditions (Include pregnancy within 3 months of death) BJ

Major findings: Of operations Chronic Cholecystitis

Of autopsy None

Duration (?)

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) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work no (e) Means of injury no

23. Signature [signature] (M. D. or other)

Address Louisiana Mo Date signed 10/2-44

129
13/44

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1949

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.