

Registration District No. **70** Primary Registration District No. **4124**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Kahoka**
(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) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Joseph Hobson**
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 **Married**
6. (b) Name of husband or wife **Frances Miller** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **January 31 1861**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **23** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John C. Hobson**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Jane Kane**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leroy Hobson**
(b) Address **Kahoka Mo.**

17. (a) **Burial** (b) Date thereof **3-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kahoka Cemetery**

18. (a) Signature of funeral director **Fred J. Karle**
(b) Address **Kahoka Mo.**

19. (a) **12-29-44** (b) **Perry S. Bolton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark** **23**
(c) City or town **Kahoka**
(If outside city or town limits, write "RURAL") **0**
(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 **March** day **24th**
year **1944** hour **4** minute **A** M.
21. I hereby certify that I attended the deceased from **Feb. 20** 19 **44** to **3/24** 19 **44**
that I last saw him alive on **3/24** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to _____
Due to **932**
Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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 **Perry S. Bolton** (M. D. or other) _____
Address **Franklin Mo.** Date signed **4/29**

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

13
1
0

RECEIVED

District Health Officer No. 10

District File Number 1-45-23

Date Filed JAN 5 1945

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. 1023

P. O. Address Kalshok Nho

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.