

FILED JAN 10 1945
Registration District No. **273**

Primary Registration District No. **4407**

Registrar's No. **404**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (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 **Nora Ellen Bobbitt**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **F.** **5. Color or race** **W** **6. (a) Single, widowed, married,** **2 divorced, Widow**
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**
7. Birth date of deceased. **Oct 4 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	9	
				hr. min.

9. Birthplace **Pettis Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Rome**

MOTHER FATHER
12. Name **William Weathers**
13. Birthplace **Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Divers**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Patton**
(b) Address **La Monte Mo.**

17. (a) Burial **Burial** **(b) Date thereof** **12-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
La Monte Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director **B.F. Parker**
(b) Address **La Monte Mo.**

19. (a) 12-14-44 **(b) Mrs Anna Perry**
(Date received local registrar) (Registrar's signature)

1022 (Licensed Embalmer) **Statement on Reverse Side**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **13** -44
 year _____ hour **12-30** A.M. minute _____ M.
21. I hereby certify that I attended the deceased from **1920**
 _____, 19____, to **Dec 13**, 1944
 that I last saw her alive on **Dec 12**, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Seriously **2 yr.**
 Due to **lung, heart, kidneys**
abdomen all negative
 Due to **over a few days**
7 have seen that died with
 Other conditions **no diseased condition**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____

23. Signature **W.E. Walker** (M. D. or other) **M.D.**
Address **La Monte Mo** **Date signed** **12-14-44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-45

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. F. Parker*

Licensed Embalmer No. *1592*

P.O. Address *Ramoth*

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.