S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10184

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(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 ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion

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

(d) Street No. 210 Pine St
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME James P Hobbs

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased ____ (Month) 10 (Day) 10 (Year) 77

8. AGE: Years 67 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Ralls (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name James Hobbs
13. Birthplace Ralls (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hubbs Mo
15. Birthplace Ralls Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Sam Hobbs

(b) Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation ____

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal Mo

19. (a) 3-28-45 (Date received local registrar) (b) M. Massey Deputy (Registrar's signature)

114-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 45 hour 2 minute PM

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Corcinoma of Novol-	6 Mo
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy 5 50

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C M Lucke (M. D. ~~or other~~)

Address Hannibal Mo Date signed 3-30-45

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 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.....

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.