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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10296
Registrar's No. 87

FILED MAR 16 1945

Registration District No. 230

Primary Registration District No. 5848

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

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

(b) City or town Barnard - Rural - Grant

(c) Name of hospital or institution: 4 miles N.E.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 49 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Barnard (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 _____

3. (a) PRINT FULL NAME Joseph Dobbins

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Pearl Dobbins 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 20, 1885
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 17
If less than one day hr. min.

9. Birthplace Lehigh County Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name George Dobbins

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca McMillen

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Dobbins

(b) Address Barnard, Missouri

17. (a) burial (b) Date thereof 2-9-45
(Burial, cremation, or removal) (City, town, or county) (Year)

(c) Place: burial or cremation Price Funeral Home

18. (a) Signature of funeral director W. A. Barnett

(b) Address Wynneville, Mo.

19. (a) 29 (b) a. D. Barnett
(City or town of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 7, 1945
Year 1945 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from before
saw him as a patient
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Duration _____
Cornary
Phroculosis
Due to _____
Due to statement of
Wife & Undertaker
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Local by County Health officer PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy aya

22. If death was due to external causes, fill in the following:

(c) 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 W. A. Barnett (M.D. or other) _____
Address Wynneville, Mo. Date signed 2/9/45

1293 (Licensed Embalmer's Statement on Reverse Side) Wynneville, Mo.

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

Clair M. Price

Licensed Embalmer No.

1822

P. O. Address

Mayville Mo

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.