

S. No. 2
 M-8-43
 v. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16605**

FILED JUN 9 1945
 Registration District No. **66**

Primary Registration District No. **5257**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Chariton**
 (b) City or town **Marceline Rural**
 (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 **1 year** (years, months or days)

USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Chariton**
 (c) City or town **Marceline Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Martha Helen Hobbs**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **21**
 year **1945** hour **7** minute **04** M.
 21. I hereby certify that I attended the deceased from
April 10, 19**44**, to **May 7**, 19**45**
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Isaac Hobbs**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **June 15 1916**
 (Month) (Day) (Year)

Immediate cause of death **Crown Thrombosis**
 Due to **Chronic Myocarditis**
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years **28** Months **11** Days **6**
 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **Edgar Taylor**
 13. Birthplace **Randolph Co Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Canale**
 15. Birthplace **Chariton Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Isaac Hobbs**
 (b) Address **Marceline Mo**

17. (a) **Burial** (b) Date thereof **May 23 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope Cemetery**

18. (a) Signature of funeral director **James M. Laughlin**
 (b) Address **Marceline Mo**

19. (a) **5-25-45** (b) **Martha Clark**
 (Date received local registrar) (Registrar's signature)

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) _____

23. Signature **Edmond P. R. J.** (M. D. or other)
 Address **Marceline Mo** Date signed **5-22-45**

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

21
 00
 0

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6/9/45

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 *Blanche M. Langhlin*

Licensed Embalmer No. *1909*

P. O. Address *Marceline, 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.