S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4575

FILED MAR 12 1946

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 Aldeah /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 Years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Aldeah St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY CHARLES DOBBS
3. (b) If veteran, name war None
3. (c) Social Security No. 487-12-8614
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred O'Dell Dobbs
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 - 15 - 1902 (Month) (Day) (Year)
8. AGE: Years 43 Months 8 Days 2 If less than one day hr. min.
9. Birthplace Marion (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Salesman - Midstate Distributing Co.
11. Industry or business
FATHER
12. Name Henry Harris Dobbs
13. Birthplace Marion (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Emma Georgia Padgett
15. Birthplace Rowen County (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Henry Charles Dobbs
(b) Address 102 Aldeah St., Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Manhatten, Kansas
18. (a) Signature of funeral director Barrett Funeral Service
(b) Address Columbia, Mo.
19. (a) 2-18-46 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1946 hour 9 minute A. M.
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: Unknown	
Due to:	
Due to: Presumably heart disease	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations ✓
Of autopsy 6/50

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 3
23. Signature B. J. Ward Coroner (M. D. or other)
Address Columbia, Mo Date signed 2/18/46

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-11-46

SEP 22 1947

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 Thos L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia 270

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.