

FILED APR 12 1946

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camdenton, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Ben Del
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs (Specify whether)
In this community life (mostly) (years, months or days)

3. (a) PRINT FULL NAME

Charles Wesley Bobbitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ira Chalfault Bobbitt
7. Birth date of deceased 1 Jan 7 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Somerset Ky (City, town, or county) (State or foreign country)

10. Usual occupation ex Probate Judge

11. Industry or business Post master

12. Name Caleb Wesley Bobbitt

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

14. Maiden name Elizabeth Cox

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

16. (a) Informant Ira M Bobbitt wife

(b) Address Camdenton, Mo

17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Bankson-Woolery

18. (a) Signature of funeral director Camdenton, Mo

(b) Address Camdenton, Mo

19. (a) Mar 6 1946 (b) Zilpha J. Traw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Camdenton (If outside city or town limits, write "RURAL")
(d) Street No. Ben Del (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1946 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Mar 2, 1946, to Mar 2, 1946
that I last saw him alive on Mar 2 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration Chronic

Due to Paralysis agitans Chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ggs

Of autopsy

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?

While at work? (Specify type of place) Means of injury

23. Signature K. D. Atterbury (M. D. or other) DO

Address Camdenton, Mo Date signed 3-6-46

RECEIVED
DISTRICT HEALTH COMMISSIONER No. 7,
DISTRICT HEALTH COMMISSIONER 3-46-292
Date Filed 4-5-46

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.....
John Duncan Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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.