

State File No. **19982**
 Registrar's No. **518**

FILED JUL 1 1946
 Registration District No. **128**

Primary Registration District No. **2000**

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

18856

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
 (c) Name of hospital or institution: St. John's Hosp.
 (d) Length of stay: In hospital or institution 1 Day
 In this community 56 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (d) Street No. 718 E. Walnut
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Dorothy Camp Hoblit
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 15
 year 1946 hour 6 minute 12p. M.
 21. I hereby certify that I attended the deceased from June 6, 1946
 to June 15, 1946
 that I last saw h. or alive on June 15, 1946
 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 Harris K. Hoblit
 6. (c) Age of husband or wife if alive UNK years
 7. Birth date of deceased January 23, 1890

Immediate cause of death Nephritis, hepatitis, toxic, acute
 Due to Over dose of paraldehyde
 Other conditions Terminal hyperglycemia and uremia due to liver and kidney

8. AGE: Years 56 Months 4 Days 22
 9. Birthplace Springfield Missouri
 10. Usual occupation Housewife

Major findings: Of operations /failure.
 Of autopsy Cloudy swelling of liver and kidney.
 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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Dr. Walter A. Camp
 13. Birthplace UNK Georgia
 14. Maiden name Paul Frances Bishop
 15. Birthplace Boston Mass.
 16. (a) Informant Harris K. Hoblit
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof 6/17/46
 (c) Place: burial or cremation Maple Park
 18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.
 19. (a) 6-18-46 (b) H. W. Handley

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature H. K. Hoover
 Address Springfield, Missouri Date signed 6/18/46

JUL 30 1946

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.;