

S. No. 2  
DM-5-43  
v. 5-17-39  
P I X36571

**FILED JUN 20 1948**

Registration District No. 27 Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

**3. (a) PRINT FULL NAME** Lulu B. Hobbs

3. (b) If veteran, name war 0 no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Ira Hobbs

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 7 21 1885  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>60</u>	<u>8/10</u>	<u>10</u>	hr. _____ min.

9. Birthplace Farrageet Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

**MOTHER FATHER**

12. Name William Criswell

13. Birthplace Venango County Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Marla Steffer

15. Birthplace Venango County Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Albert

(b) Address Manhattan Kansas

17. (a) removal (b) Date thereof 6-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manhattan, Kansas

18. (a) Signature of funeral director R. A. Fulton

(b) Address Kansas City, Kansas

19. (a) 6-9-46 (b) S. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Riley

(c) City or town Manhattan  
(If outside city or town limits, write "RURAL")

(d) Street No. 109 So. 3. st.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 31  
year 46 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Pathologist to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Probable stroke, post-operative period associated with severe obesity

Due to \_\_\_\_\_

Due to Adenocarcinoma of the uterus (body)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma 4/8 of the uterus.

Of operations \_\_\_\_\_

Of autopsy abundant

**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)

(e) Means of injury \_\_\_\_\_

23. Signature J. Criswell (M. D. or other) M.D.

Address Trinity Lutheran Hosp. Date signed June 48

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 M. M. Swisher

Licensed Embalmer No. 3505

P. O. Address Kokua

**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.**