

S. No. 2
M-5-43
5-17-39

FILED MAR 10 1947
Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Route #2, Kingsville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 76 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Route #2, Kingsville, Mo
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME MARY ELIZABETH HOBBS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

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

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased June 10, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	7	27	hr. min.
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9. Birthplace Kingsville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Patrick Reidy

{ 13. Birthplace Ireland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hannah Marshall

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

16. (a) Informant Austin Hobbs

(b) Address Kingsville, Missouri.

17. (a) Burial (b) Date thereof Feb. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingsville, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holder, Missouri

19. (a) 3-4-47 (b) Walter Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1947 hour 8:35 minute P M.

21. I hereby certify that I attended the deceased from
Jan 3 1947, to Feb. 7 1947;
that I last saw her alive on Feb 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Septicemia + arterio
sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 94A

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 T. V. Murray, M.D. (M. D. or other)

Address Plowman Hill, Mo Date signed 2-12-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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. R. Canady*.....

Licensed Embalmer No. *3434*.....

P. O. Address..... *Halden 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.