No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7615

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4II W. Cherry St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4II W. Cherry St 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edward Clendenen Bobbett
3. (b) If veteran, name war No
3. (c) Social Security No. 497-I4-8277A
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Carrie Edith
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 28th, I868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	I0	I3	hr. min.

9. Birthplace Fairfield Ill 1
(City, town, or county) (State or foreign country)
10. Usual occupation Clothing Retail
11. Industry or business
FATHER
12. Name Dr. N. Bobbett
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Bing
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Clark Bobbett
(b) Address 320-9st, Huntington, W.Va.
17. (a) Burial (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cem
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.
19. (a) 2-14-47 (b) Kathryn Yancey By Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. I0th day I0th
year 47 hour 8 minute 02 A.M.
21. I hereby certify that I attended the deceased from About, 1945 to Feb 10, 1947
that I last saw him alive on Feb 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo-Nephritis — Duration several years.
Due to Dont Know
Due to
Other conditions Age
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

133A

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) C
(b) Date of occurrence C
(c) Where did injury occur? C
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? C
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature W S Love MD (M. D. or other) 2/18/47
Address Nevada Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Shorten, Registered Apprentice No. 423, working under my personal supervision.

Signed Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.