V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

Dr. Darris

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12908

Primary Registration District No. 3016

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
135 Boonvile Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 135 Boonvile Road
(If rural, give location)

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

If yes, name country .....

26
5
4
0

3. (a) PRINT FULL NAME Mrs. Jennie L. Hobbs

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.S.Hobbs

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

7. Birth date of deceased October (Month) 20 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	22	..... hr. ..... min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Henry Reeves
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Francis Harris
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant W. B. Ward
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Strasburg, Missouri

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 4-11-47 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 4, 1947, to Apr 11, 1947
that I last saw her alive on Apr 10, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer or fibrillation	2 days
Congestive Heart failure	2 days
Due to Cardio-Renal-	
Due to Vascular disease	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. P. Darris (M. D. or other) MD

Address Jefferson City, Mo. Date signed 4-11-47

68

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 21 1947

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 Ferd P Drille

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.