S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31255

Registration District No. 149 ... Primary Registration District No. 1002

Registrar's No. 4054

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: Devine Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Weeks (Specify whether years, months or days)
In this community: 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County:
(c) City or town: Eldorado
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Theodore P. Hobson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Sarah Hobson
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: January (Month) 14 (Day) 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	8	9	hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Newton Hobson
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mercy Ashby
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: O.W. Hobson
(b) Address: Eldorado, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hebron, Nebraska
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd St., K. C. Mo.
19. (a) 9-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1947 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from Sept 1st, 1947, to Sept 23rd, 1947, that I last saw him alive on Sept 23rd, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Failure terminal	
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 13/a	

PHYSICIAN — Underline the cause of 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: G. W. Jaquess (M. D. ~~or other~~)
Address: 918 Oak Kansas City Mo. Date signed 9-23-47

Jefferson City Printing Co.

(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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed. Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address. K. C. 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.