

Registration District No. 282

Primary Registration District No. 4424

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

1. PLACE OF DEATH:

(a) County HUMANSVILLE  
(b) City or town PAIK  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HUMANSVILLE DOWETT HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maggie Hobbs

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 25 - 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 1  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cross Timbers Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Barney Smith

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

14. Maiden name NANCY CLINT

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

16. (a) Informant Mrs. Clara Owens

(b) Address WEAUBLEANE, MO

17. (a) Burial (b) Date thereof 1-28-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cemetery

18. (a) Signature of funeral director Silbert Nathanson

(b) Address Wheatland, MO

19. (a) Jan. 29, 1948 Ralph Garden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory  
(c) City or town CAIRO  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26  
year 1948 hour 9 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January 17, 1948, to January 26, 1948,  
that I last saw him alive on January 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. W. Robinson (M.D. or other) \_\_\_\_\_

Address Humansville, Mo Date signed 1/26/48

RECEIVED  
District Health Officer No. 7,  
District File Number 1-48-3  
Date Filed 2-3-44

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 Chas. Gilbert Hathaway  
Licensed Embalmer No. 4267  
P. O. Address Westland, 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.