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

National Office of Vital Statistics

FILED MAR 15 1948

STANDARD CERTIFICATE OF DEATH

State File No. 3510

Registration District No. 210 Primary Registration District No. 5774 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Ravanna Twnp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mercer 65
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Lydia Hobbs
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 24, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	1	2	hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hezikah Snyder
13. Birthplace Penn / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Painter
15. Birthplace Penn / (City, town, or county) (State or foreign country)
16. (a) Informant Nova Hobbs
(b) Address Newtown, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Underwood
18. (a) Signature of funeral director Noel Moss
(b) Address Princeton, Mo
19. (a) 2-28-48 (Date received local registrar) (b) M. J. Ruth Dep (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1948 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb. 1, 1939, to Feb. 26, 1948 that I last saw her alive on Feb. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 93D
Of autopsy

Duration

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? 2 (Specify type of place)
While at work? (e) Means of injury
23. Signature G. H. Dale (M. D. or other) D.O.
Address Newtown, Mo Date signed 2/28/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Karl Mast

Licensed Embalmer No. 263X

P. O. Address Princeton

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

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