No. 2
—1/47
5-17-39

11
1
7

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11625

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 415

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. # 3, 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE BUD (HOBBS) WHITE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Albert O.
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased March (Month) 3, (Day) 1932 (Year)

8. AGE: Years 16 | Months 1 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Ira Hobbs
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Carpenter
15. Birthplace Unknown Arkansas 1
(City, town, or county) (State or foreign country)
16. (a) Informant Ira Hobbs (father)
(b) Address 226 Alabama St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 4-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 397

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1948 hour 5 minute :30 P. M.
21. I hereby certify that I attended the deceased from 4-5-48, 19..., to 4-8-48, 19...; that I last saw her alive on 4-8-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ruptured appendix	
Due to peritonitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 121

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 2
23. Signature E. L. Ferguson M.D. or other PO
Address 801 E. Francis St. Date signed 4-10-48
St. Joseph, Mo.

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.