No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948
Registration District No. 2 9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13424
Registrar's No.

Primary Registration District No. 5791

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Near Russelville Burrus Fm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Powhatan Hoback
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 23, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88		23	hr. min.

9. Birthplace Moniteau County 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James H. Hoback
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Longan
15. Birthplace Moniteau County 0
(City, town, or county) (State or foreign country)
16. (a) Informant H.I. Hobach
(b) Address Russelville, Mo.
17. (a) Burial (b) Date thereof 4/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Baptist Cem.
18. (a) Signature of funeral director
(b) Address
19. (a) (b) C. H. Nail 194
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Nov 10 1947, to April 9 1948
that I last saw him alive on April 7 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of stomach	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Kenyon Latham (M. D. ~~or other~~) 0
Address California, Mo Date signed 4-10-48

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

RECEIVED
Vital Statistics Health Officer No. 9,
File Number APR 21 1948
Date Filed

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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California M

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 219 Primary Registration District No. 5791 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution; Burris Fork Twp. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town California (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

3. (a) PRINT FULL NAME Powhatan Hobock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 1860 (Year)

8. AGE: Years 88 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7/30/48 (Date received local registrar) (b) C. H. Nail (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 9 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations
Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-13424