

FILED APR 22 1948

Registration District No. 5905

Primary Registration District No. 5905

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community Alameda left home
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

(c) City or town Paris
(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 Cain Berrie Hobbs

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from 4/2 1947 to 4/4 1948
that I last saw her alive on 4/4 1948
and that death occurred on the date and hour stated above.

4. Sex male race white 5. Color or 2

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

6. (b) Name of husband or wife Mary Anna Hobbs 6. (c) Age of husband or wife if alive 2

7. Birth date of deceased 1/11 1917
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to Coronary Arteriosclerosis
Due to 247

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>5</u>	<u>3</u>hr.min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Ernest D Hobbs

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

14. Maiden name Nancy J. Ballew

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

16. (a) Informant Mrs. H. N. Hobbs

(b) Address Paris, Missouri

17. (a) burial (b) Date thereof 4-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood, Mo

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Englewood, Mo

19. (a) 4-13-48 (b) Ernest Baker MD
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)

While at work?..... (Specify type of work)

23. Signature Ernest Baker MD Date signed 4-8-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 448718
Date Filed APR 20 1948

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

Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address *Madison, 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.