No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16095

FILED JUN 7 1948

Registration District No. 132

Primary Registration District No. 5479

Registrar's No.

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

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town BRIMSON - Taylor twp.
(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 ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GRUNDY 40

(c) City or town BRIMSON 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. —
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Minnie Olive Hobbs

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife George Hobbs

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

7. Birth date of deceased Sept. 27 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	7	22	— hr. — min.

9. Birthplace HARRISON County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home

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

MOTHER
14. Maiden name CORDELIA HART
15. Birthplace DAVIESS County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Hobbs
(b) Address BRIMSON, Mo.

17. (a) BURIAL (b) Date thereof MAY 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CAT CREEK, GRUNDY Co., Mo.

18. (a) Signature of funeral director [signature]
(b) Address TRENTON, Mo.

19. (a) 5/19/48 (b) Irene Fair
(Date received local registrar) (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1948 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from 8-1- 1946 to 5-19- 1948
that I last saw her alive on 5-14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA

Due to HYPERNEPHROMA WITH METASTASES

Due to TO RIBS AND LONG BONES

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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 Wm A Fuson (M. D. or other) MD

Address TRENTON Mo Date signed 5-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1948

JUN

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

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.