FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 164

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23390

Primary Registration District No. 3032

Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 221 W Gay (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 151
(c) City or town: Warrensburg (If outside city or town limits, write "RURAL") 0
(d) Street No.: 221 W Gay (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ernest Livingston Lobban
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) II (Day) 1879 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 3 | 24 | ..... hr. ..... min. |

9. Birthplace: Warrensburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....
MOTHER FATHER
12. Name: John L Lobban
13. Birthplace: Charlottsville (City, town, or county) Va (State or foreign country)
14. Maiden name: Elizabeth Gilkeson
15. Birthplace: Charleston (City, town, or county) W Va (State or foreign country)
16. (a) Informant: Mrs J John G Miller
(b) Address: 222 West Gay Warrensburg Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Eugene Phillips
(b) Address: Warrensburg Mo
19. (a) July 8, 1948 (Date received by local registrar) (b) Sarah Gale Cutler (Registrar's signature) Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~July 4 1948~~ year ..... hour ..... minute ..... M.
21. ~~I hereby certify that I attended the deceased from~~ ..... 19 ..... 19 ..... that I last saw him alive on about July 2 19 48 and that death occurred at the date stated above. Duration
Immediate cause of death: Apparently had died suddenly sunday night July 4-5
Due to: Was ailing from menopause rheumatism as he told me from time to time
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: 505
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) 3
While at work? ..... (e) Means of injury .....
23. Signature: W H Rhes Judge Marshall (M. D. or other)
Address: Warrensburg Mo Signed 7/7/48
Acting Coroner

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

DEC 23 1940

## 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 W R Reavis Jr. Registered Apprentice No. 517 working under my personal supervision.

Signed Francis Lee Schab

Licensed Embalmer No. 4513

P. O. Address Warrensburg

**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.**