

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27192

FILED SEP 13 1948

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Longrun, Rural Longrun
(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 years, months or days)

3. (a) PRINT FULL NAME Martha E. Hobbs

3. (b) If veteran, No name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Newberry Hobbs 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4-3-1856
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Cocks
13. Birthplace Hickory County, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Longrun, Missouri
(b) Address Burial

17. (a) (Burial, cremation, or removal) Longrun (b) Date thereof 8-29-48
(Month) (Day) (Year)

(c) Place: burial or cremation Clinkingbeard Funeral Home

18. (a) Signature of funeral director va, Missouri (b) Address Home

19. (a) Sept 4 - 1948 (b) Mrs. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Longrun
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1948 hour 8 minute PM

21. I hereby certify that I attended the deceased from 8-23-
1948 to 8-26- 1948
that I last saw her alive on 8-23- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Ventricular Fibrillation 3m

Due to

Due to Chronic Myocarditis 15-7p

Other conditions (Include pregnancy within 3 months of death)

Acute Aortic Fibrillation

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Genting (M. D. or other)

Address Box Date signed 8-30-48

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

RECEIVED
District Health Officer No. 6,
District File Number 948-1015-
Date Filed SEP 10 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.....

E A Roof

Licensed Embalmer No. 3044

P. O. Address.....

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.