

FILED AUG 23 1948

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(c) Name of hospital or institution.....
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war.....
3. (c) Social Security No.

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

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
(b) Address.....

17. (a) Removal.....
(b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) AUG 9 1948 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State.....
(b) County.....
(c) City or town.....
(d) Street No.
(e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute.....

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

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....

Signature.....

Address.....

Date signed.....

Physician.....

Underline the cause of which death should be charged statistically.

23. Signature.....

Address.....

Date signed.....

While at work?.....

Signature.....

Address.....

Date signed.....

Physician.....

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Thomas Marshall Hobson

Licensed Embalmer No. 4479

P. O. Address St Louis, 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.