No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28905

FILED OCT 4 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1034

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1322 Nth 10 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~6 weeks~~ (Specify whether
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rea 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Russell Cobb
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Cobb
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased October (Month) 11 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	16	hr. min.

9. Birthplace Emporia (City, town, or county) Kan (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Willian Phillips
13. Birthplace un known (City, town, or county) unk (State or foreign country)
MOTHER
14. Maiden name Amanda un known
15. Birthplace un known (City, town, or county) unk (State or foreign country)
16. (a) Informant Mrs. Doyle Gibson
(b) Address 1322 N 10th St St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 10-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3x2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from year 1939 19 to Sept 27 1948
that I last saw her alive on Sept 26 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cholelithiasis (stone in common duct)	9 days
Cholecystitis, chr.	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterio-sclerosis (occ)	many yrs
Arthritis, chr. of spine	many yrs

Major findings:
Of operations none
Of autopsy none

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)
While at work? (e) Means of injury

23. Signature G. T. Bloomer (M. D. or other) M. D.
Address 1218 N 3d St Joseph, Mo. Date signed 9/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. C. Breit.....

Licensed Embalmer No.....2650.....

P. O. Address.....Savannah 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.