No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33538

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Marion Co. Hospital 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. None 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOUIS HOBBS

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of ~~husband~~ or wife Cora Daly

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

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years Not Known | Months | Days | If less than one day hr. min.

9. Birthplace Monroe Co. (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation Laborer

11. Industry or business Not known

FATHER
12. Name Wash Buchannan
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Ann Hobbs
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant S. A. Drade
(b) Address Palmyra Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5th 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Palmyra Cemetery

18. (a) Signature of funeral director E. J. Sprague
(b) Address Palmyra Mo.

19. (a) 10/8/48 (Date received local registrar) (b) Viola Deer (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 4th.
1948 year 7 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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? (Specify type of place) D
While at work? (e) Means of injury

23. Signature E. M. Lucke (M. D. or other)
Address Hannibal Date signed 10-8-48

(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 Eugene J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.