

No. 300
10.48

FILED APR- 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7629

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 83			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 67 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		16			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 Noth Spanish				d. STREET ADDRESS (If rural, give location) 1115 North Spanish					
3. NAME OF DECEASED (Type or Print) JOHN			a. (First) E.		b. (Middle) HOBBS		c. (Last)		
4. DATE OF DEATH March 28, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 20, 1881		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7		
5. SEX Male	6. COLOR OR RACE White	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker	10b. KIND OF BUSINESS OR INDUSTRY Shee Factory	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME William J. Hobbs			13b. MOTHER'S MAIDEN NAME Laura Randol		14. NAME OF HUSBAND OR WIFE Emma Hobbs				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-05-5287		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Hobbs				ADDRESS Cape Girardeau, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic ^{Cardio} Atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease = DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide Homicide No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from March 1-30 1949, to March 28, 1949, that I last saw the deceased alive on 3/28, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE _____ (Degree or title)				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 3/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) Cape Girardeau, Mo.		(State)		
DATE REC'D BY LOCAL REG. 3-29-1949		REGISTRAR'S SIGNATURE C. C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE Walther's Funeral Home			
						ADDRESS Cape Gir.			

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

(Licensed Embalmer's Statement on Reverse Side)

Mo.

RECEIVED

Local Health Officer No. 4
File Number 449-43
Date Filed 4-4-49

JUNE 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.