

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7643**

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

**APR 15 1952** REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>0164</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>14 South Henderson</u>	
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>A.</u> c. (Last) <u>HOBBS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 20, 1886</u>
9. AGE (in years) last birthday <u>65</u>		10. UNDER 1 YEAR: Months <u>4</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Henry E. Schrader</u>	
13b. MOTHER'S MAIDEN NAME <u>Johanna Sackman</u>		14. NAME OF HUSBAND OR WIFE <u>John E. Hobbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Hobbs</u> ADDRESS <u>Cape Gir. Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of uterus</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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 <u>3-30</u> , 19 <u>52</u> , to <u>4-10</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>4-9</u> , 19 <u>52</u> , and that death occurred at <u>4:47</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>K. Washley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>CAPE GIRARDEAU, MO.</u>	
23c. DATE SIGNED <u>4-10-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-10-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Ferguson</u>		ADDRESS <u>Cape Gir. Mo.</u>	

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**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 *Virgil V. Kelch* \_\_\_\_\_

Licensed Embalmer No. *4102* \_\_\_\_\_

P. O. Address *Cape Breton* \_\_\_\_\_

**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.