

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33939

State File No.

FILED NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4886

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in place) 73 yrs		c. CITY OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2327 Askew		STREET ADDRESS (If rural, give location) 2327 Askew					
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) P		c. (Last) Hobson Jr.			
4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1954		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 17 1883		9. AGE (In years last birthday) 71			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William P. Hobson		13b. MOTHER'S MAIDEN NAME Haggerty			
14. NAME OF HUSBAND OR WIFE Lorene Hobson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-10-7692			
17. INFORMANT'S SIGNATURE OR NAME William P. Hobson III		ADDRESS 705 E 98 St K.C. 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) Coronary Occlusion 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.				INTERVAL BETWEEN ONSET AND DEATH 4201	
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 Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:2 m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Pratt Bldg		23c. DATE SIGNED 10-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23 1954		24c. NAME OF CEMETERY OR CREMATORY Mt St Marys			
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Forster Funeral Home					
DATE REC'D BY LOCAL REG. 10-21-54		REGISTRAR'S SIGNATURE neva munsell		ADDRESS Kansas City Mo.			

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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