

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43480
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349

(b) Township Libbs Primary Registration District No. 4207 Registered No. 910

(c) City Calhoun (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Malinda J. Bobing

(a) Residence, No. Calhoun Henry Co. Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Bobing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>2</u>	<u>15</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Ohio

FATHER

13. NAME George Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT W F Bobing (ADDRESS) Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Dec 18 1939

19. FUNERAL DIRECTOR J. C. H. Casey (ADDRESS) Calhoun Mo. 9510

20. FILED Dec 18 1939 Mrs. Edith J. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939 to _____, 1939

I last saw her alive on Nov 29, 1939. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. Date of onset July 1 1939

Chronic myocarditis Unknown

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S B Hughes, M. D.

(Address) Clinton, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 1-40-84
Date Filed 1-9-40

STATEMENT BY LICENSED EMBALMER

I, J. A. Housey, Licensed Embalmer No. 3502,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. A. Housey
Licensed Embalmer No. 3502

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.)