

AUG 16 1940

Registration District No. 351 Primary Registration District No. 4208 Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Peppwate
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 year years, months or days

3. (a) PRINT FULL NAME Florence E. Dobbs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sadie Dobbs 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan 17 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name C. J. Sampson
13. Birthplace unknown unknown (City, town, or county) (State or foreign country)
14. Maiden name Ellen Box
15. Birthplace unknown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Sadie A. Dobbs
(b) Address Peppwate Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7 23 40 (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cem

18. (a) Signature of funeral director W. A. Williams
(b) Address Clinton Mo

19. (a) 7-22-40 (Date received local registrar) (b) J. J. Purcell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Peppwate
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1-4 1938, to 7/21 1940
that I last saw h.v. alive on 7-14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Uraemia
Due to M. I. coronitis Chr.
Cardiac Hypertrophy
Due to Dilatation
Hypertension
Other conditions Mitral disease
(Includes pregnancy within 3 months of death) Hydroloxiosis

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 6 b 12

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? 315 (Specify type of place) (e) Means of injury _____

23. Signature E. O. Peela (M. D. or other) 1
Address Clinton Mo Date signed 7/22/40

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1183

Date Filed 8-12-40

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

Fred W. Williams

Licensed Embalmer No. 2478

P. O. Address Cleveland, OH

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, above space should be left blank.