

S. No. 2
OM-5-42
ev. 5-17-39
I-X32873

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 16 1942

Registration District No. 21179

Primary Registration District No. 52975306

Registrar's No. 14

206006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole, Co.
 (b) City or town Rural, Marion
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Centertown, Mo. / Rt#1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Centertown, Mo. RT#1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Daniel J. Hobbs

3. (b) If veteran, No name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Sept 24 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>18</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Farmer

11. Industry or business 0

12. Name James Hobbs

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

14. Maiden name Lucy Griffith

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

16. (a) Informant Henry Gouge
(b) Address Centertown MO

17. (a) Burial (b) Date thereof Nov. 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California Mo.

19. (a) 11/14/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1942 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from December 1942 to Nov. 10 1942
that I last saw him alive on Nov. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
Duration 12 hrs.

Due to Senility and infirmity 1 yr.
Due to 0

Other conditions 93e!
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN 0
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)
(e) Means of injury 0

23. Signature [Signature] DO.
Address Centertown Date signed 11-12-42

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bowlin
Licensed Embalmer No. 2126
P. O. Address California, Mo.

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.

10/11/11