

REC'D DEC 15 1938

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

38987  
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Cole* Registration District No. *211*  
*Marion* 1

(b) Township *1* Primary Registration District No. *5291* Registered No. *23*

(c) City *Centertown, Mo.* (d) Street No. *Centertown, Mo.* St.

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

2. PRINT FULL NAME *120 Anna Louisa Hobbs*

(a) Residence, No. *Centertown, Mo.* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Daniel P. Hobbs*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 6 1862*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>76</i>	<i>- 2</i>	<i>25</i>	

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

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

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) *California Mo.*

FATHER

13. NAME *David Sartin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montana, Co.*

MOTHER

15. MAIDEN NAME *May Sartin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montana Co.*

17. INFORMANT (ADDRESS) *A. P. Hobbs Centertown, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shilo Cem* DATE *Nov 2 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Buesch Funeral Home Jefferson City, Mo.*

20. FILED *Nov 12 1938 H. Fleisch Md. Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 31 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 8 1938* to *Oct 17 1938* last saw *her* alive on *Oct 17 38* Death is said to have occurred on the date stated above, at *m.* The principal cause of death and related causes of importance were as follows: *Diabetes Mellitus* Date of onset *?*

Other contributory causes of importance: *Renal Debility*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *Dr. E. Murrell M.D.* (Signed) *E. Murrell* (Address) *Centertown, Mo.*

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3781

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3781

**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.)**