No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32194

Registration District No. 3018 — OCT 18 1940 — Primary Registration District No. 3019 — Registrar's No. 235

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 429 E Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits write "RURAL")
0
(d) Street No. 429 E Kansas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Marvin Dobson

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

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

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

7. Birth date of deceased December (Month) 13 (Day) 1918 (Year)

8. AGE: Years 21 Months 9 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Independence Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation 1

11. Industry or business 2

FATHER
12. Name Blair L. Dobson
13. Birthplace Deloit (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mabel Johnston
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Blair L. Dobson
(b) Address 429 E Kansas Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Cato + Speaks
(b) Address Independence Mo

19. (a) Sept 29, 40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26-40
year ____ hour ____ minute 1:25 P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Bullet Wound of Head

Due to ____

Due to ____ 167

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
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) Suicide
(b) Date of occurrence 9-26-40
(c) Where did injury occur? Independence (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 Cm (Specify type of place) Gun Shot Wound of Head
While at work? ____ (e) Means of injury ____

23. Signature Russell W. Tom (M. D. or other) ____
Address Kan Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Roland R. Spenk

Licensed Embalmer No. 3604

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.