

U.S. No. 2
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FILED APP 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7/11/41 8998
State File No. 2408

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2408

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County 999 N.R.
(c) City or town Coffeyville 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME John Edward Hobart
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 15th
year 1941 hour 8 minute 35 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan. 7 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11, 1941, to Mar 15, 1941, that I last saw him alive on Mar 15, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 2 8 hr. min.

Immediate cause of death Carcinoma of bladder urinary
Due to 52
Due to 51 B
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Quincy / Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Mo/Pacific R.R.

Major findings: Carcinoma, tissue resected from bladder
Of operations
Duration 1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Richard Hobart
13. Birthplace Colchester / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lula Vanardale Grace Smithwart
15. Birthplace 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Hobart
(b) Address Roodhouse, Ill.
17. (a) Removal (b) Date thereof 3/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coffeyville, Kansas

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? —

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAP 17 1941 (b) J. H. Bredeck
(Date approved local registrar) (Registrar's signature)

While at work? — (Specify type of place) (c) Means of injury —
23. Signature Dr. J. H. Bredeck (M. D. or other) (BURFORD)
Address 958 Broadway Date signed 3/15/41

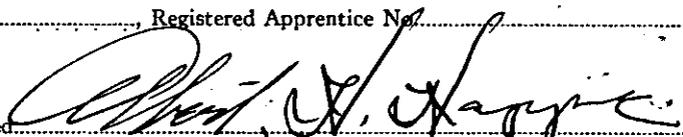
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corrected by affidavit. h. Ward

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

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.....


Licensed Embalmer No. 1861.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8998
Registrar's No. 2408 2705

Registration District No. 791 Primary Registration District No. 1008

1. PLACE OF DEATH:
(a) County.....
(b) City or town.....
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Edward Hobart
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 15
year 1941 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

4. Sex male 5. Color or race..... 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased (Month) (Day) (Year)

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation.....

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

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?
.....
(Specify type of place)

16. (a) Informant (b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director (b) Address.....
19. (a) (Date received local registrar) (b) (Registrar's signature)

While at work?..... (c) Means of injury.....
25. Signature..... (M. D. or other)
Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

Supplementary

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Kansas
County of Montgomery ss.

State File No. 8998
Local Registrar's No. 2408
3705

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1 8th day of May, 1941, before me appears.....

Lula B. Hobart, who, upon her oath, states that the original record of ^{birth} death
for John Edward Hobart ^{died} March 15th, 1941, 19....., in the State of
^{was born} Missouri, and which was filed at St. Louis on March 17th, 1941 should be corrected as follows:

Item No. ~~2973~~ should read Grace Smithwait

Instead of..... Lula Vanarsdale

Item No. 6 (c) should read 61 years

Instead of..... 56 years

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lula B. Hobart Wife
Relationship.

Rt. # 4; Coffeyville, Kansas
Present Address.

Subscribed and sworn to before me this 8th day of May, 1941

My Commission expires July 10, 1943
[Signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.