

FILED NOV 11 1942

Registration District No. 152

Primary Registration District No. 4241

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Osaka Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54
(c) City or town Odessa 4
(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: 1

3. (a) PRINT FULL NAME Marinda Hobbs

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

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

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

7. Birth date of deceased: Sept 26 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Mercer Co. Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business:

MOTHER FATHER { 12. Name Nelson Place
13. Birthplace not known. 9
(City, town, or county) (State or foreign country)
14. Maiden name not known 9
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jas Hobbs
(b) Address Odessa Mo. 9

17. (a) Burial (b) Date thereof 10/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo

18. (a) Signature of funeral director H. E. Hildeman
(b) Address Odessa Mo.

19. (a) Oct 21 1942 (b) W. J. LaPlante
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21.
year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 1
1942 to Oct. 21. 1942
that I last saw her alive on Oct 21. 1942
and that death occurred on the date and hour stated above

Immediate cause of death myocardial chronic
938
Due to
Due to

Other conditions arteriosclerosis 1031-
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations none
Of autopsy none
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) no.
(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?

While at work? (Specify type of place) (e) Means of injury none

23. Signature O. L. Lorton D. (M. D. or other)
Address Osaka Grove Mo. Date signed 10/21/42

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

48
0
0

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

Irving R. Husman

Licensed Embalmer No.

2541

P. O. Address

Alaska, Inc.

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.