

LED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1329 South Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME ROBERT JOE HOBBS

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 November 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Kerry Joe Hobbs

13. Birthplace Keokuk Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elna Spodgrass

15. Birthplace Spain Valley Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kerry Joe Hobbs

(b) Address 1329 South Main

17. (a) Burial (b) Date thereof Dec. 1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director George A. Cannon

(b) Address Independence, Mo.

19. (a) 11-30-42 (b) M. M. Orr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 26
1942 to Nov 29 1942
that I last saw him alive on Nov 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial decomposition
Duration _____

Due to Openia 157 M

Due to Malnutrition

Other conditions Congenital atresia
(Include pregnancy within a month of death)

Major findings: aesophagus
Of operations (above) Congenital atresia
Of autopsy aesophagus

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) _____

(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? _____

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

23. Signature M. L. Whitlone (M. D. or other) MD

Address 323 W. Lexington Date signed 11/30/42

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

Independence, Mo

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 Dea Owens

Licensed Embalmer No. 4280

P. O. Address Independence, 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.