

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.

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

3172
Do not use this space.

FEB 11 1943

1. PLACE OF DEATH

(a) County Pulaski Co Mo Registration District No. 290 85
(b) Township _____ Primary Registration District No. 4428 0 Registered No. 18
(c) City Richland (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 George W. Hobbs

(a) Residence No. _____ St. (If nonresident, give city or town and State)
Country (Usual place of abode, if no street address write county or city) Camden County Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 25

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

13. NAME James Hobbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) O. D. Hobbs
Richland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah Cemetery DATE Jan 17, 43

19. FUNERAL DIRECTOR (ADDRESS) W. J. Stewart
Richland Mo

20. FILED 1-30 1943 10:00 AM
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1943
22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1943, to 1-16, 1943
I last saw him alive on 1-11, 1943 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia
Right side
none g3d

Name of operation none Date of _____
What test confirmed diagnosis? none 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. R. B. Tompkins M.
(Address) Richland Mo

RECEIVED

Pulaski County Health Office

File Number 2-43-11

Date Filed 2-9-43

Samantha Steward
Pulaski Co Mo

STATEMENT BY LICENSED EMBALMER

I, _____ Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)