

FILED JUL 1 1943 231

Registration District No. **231**

Primary Registration District No. **5811**

Registrar's No. **14**

**1. PLACE OF DEATH:**

(a) County **Montgomery**

(b) City or town **Rural Montgomery, Tenn**  
(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  
**life** (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Montgomery**

(c) City or town **Rural** **70**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Katherine Bobbts**

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 **DS**

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

7. Birth date of deceased **Nov 17 th 1861**  
(Month) (Day) (Year)

**8. AGE:**

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <b>81</b> | <b>6</b> | <b>20</b> | hr. _____ min. _____ |

9. Birthplace **Montgomery Co** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name **Rash Bobbts**

13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **No**

15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cuba Lockett**

(b) Address **Montgomery City Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-9-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery City Cem**

18. (a) Signature of funeral director **C. W. Hopkins**

(b) Address **Montgomery City Mo**

19. (a) **June 12-43** (Date received local registrar) (b) **Wm C. Vandave** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **6** day **7**  
year **1943** hour **8** minute **a** M.

21. I hereby certify that I attended the deceased from **MAY-1-43**  
19 \_\_\_\_\_ to **JUNE 7** 19 **43**  
that I last saw her alive on **JUNE 5** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**MYOCARDIAL FAILURE**  
**myocardial degeneration**  
Due to **intracranial hemorrhage**  
**Pulmonary embolism**  
Due to **central embolism**

Other conditions (Include pregnancy within 3 months of death)  
**131W**

Duration **6/6/43**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury **2**  
23. Signature **Wm C. Vandave** (M. D. or other) **2**  
Address **Montgomery City Mo** Date signed **6/11/43**

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

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**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.**