

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 10 days
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 016
(c) City or town Cape Girardeau Mo 4
(If outside city or town limits, write "RURAL")
(d) Street No. 134 So. Lorumier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME JOHN P DOBBINS

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

4. Sex Male 6 5. Color or race Female 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 16
hr. _____ min.

9. Birthplace Troy Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business United Shoe Mach. Co.

12. Name Unknown

13. Birthplace " 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. P. Dobbins

(b) Address Cape Girardeau Mo

17. (a) Buriel (b) Date thereof II-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Joe L. Howell

(b) Address Cape Girardeau Mo

19. (a) 11-24-43 (b) F. St. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1943 hour II minute 55 p. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1943 to Nov. 24, 1943; that I last saw him alive on Nov. 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Actinial occlusion
hyperextension and
Chronic interstitial nephritis Duration 6 mo

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 131a
Of operations: _____

Of autopsy: _____

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 C

23. Signature P. A. Ritter, M.D. (M. D. or other) C
Address Cape Girardeau Mo Date signed II-26-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1243-3055
Date Filed 12-9-43

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.