

Registration District No. **59**

Primary Registration District No. **4097**

Registrar's No. **22**

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rivers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institutions 6 hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi west of Harrisonville
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Martin Joseph Sobba

8. (b) If veteran, name war L (c) Social Security No. L

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

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

7. Birth date of deceased Nov 28 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 9 L hr. — min

9. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation L

11. Industry or business L

12. Name Louis Le Sobba

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

14. Maiden name Mary Ann

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

16. (a) Informant Louis Sobba
(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof Feb 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S HARRISONVILLE, MO
(b) Address Harrisonville, Mo
19. (a) Feb. 10, 1944 (b) Margaret Walle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1944 hour 9 minute 10 M.

21. I hereby certify that I attended the deceased from Feb 6 to Feb 7, 1944
that I last saw him alive on Feb 7 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Brucella Sept.

Due to flu 4 days

Due to L

Other conditions acute enteritis 2 days
(Include pregnancy within 5 months of death)

Major findings: Of operations 119a

Of autopsy none

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 _____

23. Signature J. J. Owen (M. D. or other) J. J. Owen
Address 104 W. 2nd St. Date signed 2/9-44

Address Harrisonville Mo.

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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 Ernest R. Kuenenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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, above space should be left blank.