S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28219

Registration District No. 196 Primary Registration District No. 5716 Registrar's No. 9

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural Elkrivier township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 None - Noel Mo. RH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Comanche
(c) City or town Lawton, Okla. 4
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 34
If yes, name country — 0

3. (a) PRINT FULL NAME John-Robert-Bobo
3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie E. Bobo
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Feb. (Month) 28 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	22	hr. min.

9. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Railroading last occupation
11. Industry or business —
FATHER
12. Name Joseph Bobo
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Leah Young
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mary N. Gerst
(b) Address Noel Mo. RH 1
17. (a) remedial (Burial, cremation, or removal) (b) Date thereof July (Month) 20 (Day) 44 (Year)
(c) Place: burial or cremation Cache Okla
18. (a) Signature of funeral director Wm Morris Boyce
(b) Address Wheaton, Mo
19. (a) July 20, 1944 (Date received local registrar) (b) Mrs E.M. George By Juanita Garvin (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1944 hour 15 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 17, 1944, to July 20, 1944; that I last saw him alive on July 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degeneration	3 months
Due to	
Due to chronic myocarditis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L.D. Fountain (M.D. or other) DO
Address Noel, Mo Date signed July 20

1309

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 844-941
Date Filed AUG 18 1944

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 Wm Morris Payne

Licensed Embalmer No. 2442

P. O. Address Wheatons, 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.