

S. No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19867

State File No. \_\_\_\_\_

Registrar's No. 11

FILED JUN 20 1946

Registration District No. 88

Primary Registration District No. 4457

1. PLACE OF DEATH:

(a) County Crossford  
(b) City or town Stellerville mo  
(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  
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Franklin Bobbett

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

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

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

7. Birth date of deceased: 1 - 10 - 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iron County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Samuel Bobbett

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

14. Maiden name Elsie Alexander  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elsie Ogels  
(b) Address Stellerville MO

17. (a) \_\_\_\_\_ (b) Date thereof 3-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Davisville Cemetery

18. (a) Signature of funeral director: Harry M. Jones  
(b) Address Stellerville MO

19. (a) 6-10-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crossford  
(c) City or town Stellerville mo  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13<sup>th</sup>  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Friday 1  
1946 3-15  
that I last saw him alive on 3-13  
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis of Extremities

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H6d

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

Duration

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 \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_  
Address: [Signature] Date signed 3-15-46

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District No. 646381

Date Filed 6.19.46

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 R. J. Jones

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2379

P. O. Address Steilville, M.

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.