

S. No. 2  
M-5-43  
7. 5-17-39  
P 1 X36671

FILED MAY 8 1947

Registration District No. **241**

Primary Registration District No. **4360**

Registrar's No. **11**

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

**1. PLACE OF DEATH:**  
 (a) County New Madrid  
 (b) City or town Portageville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (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 Mo (b) County New Madrid  
 (c) City or town Portageville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Daisy Bell Hobbs  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 19 year 1947 hour 3:00 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from JAN. 14, 1947, to APRIL 19 - 1947 that I last saw h. ER. alive on APRIL 18, 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife George P. Hobbs 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 8 1878  
 (Month) (Day) (Year)

Immediate cause of death CARCINOMA of LIVER, Gall bladder, & COMMON BILE Duct.

**8. AGE:** Years 69 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: H&F

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

**10. Usual occupation** housewife  
**11. Industry or business**  
 12. Name William H. Burgess  
 13. Birthplace don't know  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Parish  
 15. Birthplace don't know  
 (City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Stonewell Hobbs  
 (b) Address Portageville, Mo  
 17. (a) Burial (b) Date thereof 4-21-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Portageville, Mo

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 \_\_\_\_\_

18. (a) Signature of funeral director Deane E. Funderburk  
 (b) Address Portageville, Mo  
 19. (a) 4-21-47 (b) Ellen DeLisle  
 (Date received local registrar) (Registrar's signature)

23. Signature Harvey H. Carter, M.D. (M. D. or other) \_\_\_\_\_  
 Address Portageville, Mo Date signed 4-25-47

MAY 26 1949

RECEIVED

District Health Office No. 2,

District File Number 547-649

Date Filed 5-5-49

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.....

*Joseph A. DeFuria*

Registered Apprentice No. 488

working under my personal supervision.

Signed... *Leonard J. Vargo*

Licensed Embalmer No. 4336

P. O. Address *Stagville 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.