Form 1—1/47
Form 5-17-39

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

FILED MAY 17 1948

National Office of Vital Statistics

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20033

Primary Registration District No. 5466

Registrar's No. 341

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 5 months

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

3. (a) PRINT FULL NAME Elijah Huston Dobbs
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Alice Dobbs
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. (Month) 16 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	6	hr. min.

9. Birthplace Stockton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Elijah Dobbs
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Smith
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. JoAnn Terry
(b) Address Zion Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield, Mo.
19. (a) 4-23-48 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 12, 1948 to April 22, 1948 that I last saw him alive on April 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General peritonitis	
Due to: Surgery for Strangulated hernia	
Due to: Strangulated hernia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Yes	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 Freeman C. Stark M.D. (M.D. or other) M.D.
Address Springfield, Mo. Date signed 4/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.