

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33583**

Registration District No. **231**

Primary Registration District No. **4347**

Registrar's No. _____

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

1. PLACE OF DEATH: **Montgomery**
 (a) County **Montgomery**
 (b) City or town **Middletown 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 _____ (Specify whether)
 In this community **99 yrs** years, months or days

3. (a) PRINT FULL NAME **John Hobbs**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. _____

4. Sex **M**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Sarah Ellen Jarboe**
 6. (c) Age of husband or wife if alive **4** years
 7. Birth date of deceased **Nov 1878**
 (Month) (Day) (Year)

8. AGE: Years **99** Months **11** Days **27**
 If less than one day _____ hr. _____ min.

9. Birthplace **Cole Co Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **William Mithas Hobbs**
 13. Birthplace **ICY**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Patience Hightett**
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant **W. H. Hobbs**
 (b) Address **512 Benton Blvd N.E. Mo**
Boone
 (c) (a) _____ (b) Date thereof **Nov 3 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Middletown**

18. (a) Signature of funeral director **Burtie Orsholt**
 (b) Address **Middletown Mo**
 19. (a) **November 3-48** (b) **Zora F. Chapman**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Montgomery**
 (c) City or town **Middletown**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month **Nov** day **1**
 year **1948** hour **7** minute **15 AM**

21. I hereby certify that I attended the deceased from **Aug 6th** 19**48** to **Nov 1** 19**48**
 that I last saw him alive on **Nov 1** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Dilatation Heart**
 Due to **Coronary Sclerosis**
 Due to **Chronic Nephritis**
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

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 **C. J. Smith** (M. D. or other) _____
 Address **Middletown, Mo** Date signed **11-2-48**

Date Filed NOV 10 1948
District File Number

District Health Officer No. 9
RECEIVED

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

James W. Butler
.....
Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.