

FILED FEB 17 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **46**

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

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**

(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
418 So. ELLIS ST!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **LIFE TIME** (years, months or days)

3. (a) PRINT FULL NAME **FRANCES L. HOBBS**

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

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JOSEPH** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY - 27 - 1858**
(Month) (Day) (Year)

*8. AGE:	Years	Months	Days	If less than one day
	89	8	9	

9. Birthplace **CAPE GIRARDEAU Co. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **JOHN BROOKS**

13. Birthplace **CAPE GIRARDEAU Co MO**
(City, town, or county) (State or foreign country)

14. Maiden name **LOVINA DAVIDSON**

15. Birthplace **CAPE GIRARDEAU Co MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. SARAH PROSSER**

(b) Address **CAPE GIRARDEAU, MO**

17. (a) **BURIAL** (b) Date thereof **FEB 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOBBS CHAPEL**

18. (a) Signature of funeral director **Walthus Eumel Home**

(b) Address **CAPE GIRARDEAU MO.**

19. (a) **2-10-48** (b) **C. G. Summer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CAPE GIR. MO**

(c) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL")

(d) Street No. **418 So. ELLIS** 4
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **6th**
year **1948** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **NOV. 1947**
to February 1948, to _____, 19____;
that I last saw her alive on **Feb 5th**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Duration **Short time**

Due to _____

Due to _____

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 _____

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 **0**

23. Signature **W. H. Weisner** (M. D. or other)

Address **Cape Girardeau Mo** Date signed **2-10-48**

RECEIVED

District Health Officer No. 4-1
District File Number 248-218
Date Filed 2-16-48

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.....

Richard O Laird

Registered Apprentice No. 502

working under my personal supervision.

Signed

Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau 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.