

No. 2
1-17-39
17-39
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 22 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5791

State File No. 13424

Registrar's No.

1. PLACE OF DEATH:

(a) County... Moniteau
(b) City or town... Near Russelville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Moniteau
(c) City or town... California
(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... Powhatan Hoback

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... Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive... 31 years
7. Birth date of deceased... March 23, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 23 hr. min.

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

10. Usual occupation... Farmer

11. Industry or business...
12. Name... James H. Hoback
13. Birthplace... Virginia
(City, town, or county) (State or foreign country)
14. Maiden name... Elizabeth Longan
15. Birthplace... Moniteau County
(City, town, or county) (State or foreign country)

16. (a) Informant... H.I. Hoback
(b) Address... Russelville, Mo.

17. (a) Burial (b) Date thereof... 4/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Salem Baptist Cem.

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) C.H. Nail
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1947 to April 9, 1948
that I last saw him alive on April 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Cancer of stomach

Due to _____

Due to _____

Other conditions... (Include pregnancy within 3 months of death) _____

Major findings: Of operations...
Of autopsy... WU

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)

23. Signature... Kayon Latham (M. D. or other) 0
Address... California, Mo Date signed 4-10-48

Duration 6 months
PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
Health Officer No. 9,
Date Filed APR 21 1948

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 H. E. Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California

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.

1. PLACE OF DEATH:
 (a) County Monteair
 (b) City or town near Russellville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution;
Burr's Fork Trip
 (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)

3. (a) PRINT FULL NAME Pawhatan Hobcock
 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 wid
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased march 23 1948
 (Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ If less than one day
 .hr. _____ min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {
 12. Name.....
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
 (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) 7/30/48 (b) C. H. Nail
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Monteair
 (c) City or town California
 (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 19
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 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..... (M. D. or other)
 Address..... Date signed.....

SUPPLEMENTARY

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

2B
45
43880

S-13424

* NOV 1988