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JAN 21 1940

Registration District No. 571

Primary Registration District No. 4335

State File No. _____

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town California
(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 _____ years, months or days

3. (a) PRINT FULL NAME Lee Roy Jobe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Mar 13 1967
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name B. R. C. Jobe

13. Birthplace Monticau Mo
(City, town, or county) (State or foreign country)

14. Maiden name Susan Henry

15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Etta Cole

(b) Address California Mo

17. (a) Buried (b) Date thereof Dec 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director F. Lag Spring

(b) Address California Mo

19. (a) 12-28-40 (b) F. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monticau

(c) City or town California Mo
(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 Dec. day 26
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15
1940 to Dec. 26 1940
that I last saw him alive on Dec. 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to _____

Due to 91

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

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? at

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. R. Popejoy (M-F; or other) A.O.
Address California Mo Date signed 12/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 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.