

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18187

Registration District No. 224

Primary Registration District No. 3846

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Moniteau Co Mo
(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 Edward Leonard Jobe

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 Necia Jobe 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: May 21 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 27 hr. min.

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

10. Usual occupation Mail carrier

11. Industry or business

12. Name W. F. Jobe
13. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary W Ogden
15. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Necia Jobe
(b) Address California Mo

17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director Williams Funeral Home

(b) Address California Mo

19. (a) 5-28-47 (b) H. R. Roper
(Date received local registrar) (Registrar's signature)

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? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 4
1946 to May 17 1947

that I last saw him alive on May 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
1st - Sept 4 1946. 2nd
7th - May 17 1947.

Due to

Due to

Other conditions Gastro-Intestinal upset. Had 10 days.
(Include pregnancy within 3 months of death)

apparently recovered when occlusion
Major findings: occurred
Of operations.

Of autopsy 9411
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 Edgar A. Kelso (M. D. Doctor)
Address California Mo Date signed 5/20/47

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

JUN 18 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-8-47

JUN 5 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.