

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35308

State File No. ....

REG. NOV. 10 1943 24  
Registration District No. ....

Primary Registration District No. 3046

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Monteau  
(b) City or town California  
(c) Name of hospital or institution Latham Sanatorium  
(d) Length of stay: In hospital or institution 4 days  
In this community Four days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Martha Henrietta Jobe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race H

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

6. (b) Name of husband or wife John Jobe

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug 20 1868  
(Month) (Day) (Year)

8. AGE:

Years 75 Months 2 Days 14

If less than one day .hr. .min.

9. Birthplace

Monteau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Edward Robertson

12. Name

Don't know

13. Birthplace

Don't know

14. Maiden name

Don't know

15. Birthplace

Don't know

16. (a) Informant

Mrs C.O. Euloe

(b) Address

Centertown Mo

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof

11/7/43

(c) Place: burial or cremation

Garbule Cem

18. (a) Signature of funeral director

William F. Friedman

(b) Address

California Mo

19. (a)

(Date received local registrar)

H-8-431

(b)

(Date received local registrar)

459 Reese

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau  
(c) City or town Holden Mo 068  
(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 Nov. day 4  
year 1943 hour 1 minute 45 p.m.

21. I hereby certify that I attended the deceased from Oct 31, 1943, to Nov 4, 1943  
that I last saw him alive on Nov 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

5 day

Due to

Arterio sclerosis

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 ....  
(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)

(c) Means of injury

23. Signature

L. L. Latham

(M. D. or other)

Address

California Mo

Date signed 11-5-43

(Licensed Embalmer's Statement on Reverse Side)

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

1312

DEC 30 1946

MAY 13 1949

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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.....

*Hugh L. E. Willhauer*

Licensed Embalmer No. ....

*3537*

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.**