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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43245

JUL JAN 21 1942

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Moniteau

(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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town California Mo (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

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 (Month) 13 (Day) 1867 (Year)

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

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

10. Usual occupation Retired Farmer 0

11. Industry or business 0

FATHER
12. Name B. R. C Jobe
13. Birthplace Moniteau (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Susan Henry
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Mrs Etta Cole

(b) Address California Mo

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

(c) Place: burial or cremation Flag Spring

18. (a) Signature of funeral director Williams & Friedmeyer

(b) Address California Mo

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

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.

	Duration
Immediate cause of death Arteriosclerosis	
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

(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? Off (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other) D.O

Address California, Mo Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.