S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 297

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6588

Primary Registration District No. 5414

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural - St Johns Twp
(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)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Mo (b) County Franklin

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

(d) Street No. Villa Ridge Mo. R1
(If rural, give location)

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

3. (a) PRINT FULL NAME Ervin Adolph Jobben

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 8 (Day) 42 (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. 25 min.

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

10. Usual occupation X

11. Industry or business X

FATHER
12. Name Alfred John Jobben
13. Birthplace Franklin Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Veronica Marie Straatmann
15. Birthplace Franklin Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Alfred John Jobben.
(b) Address Villa Ridge Mo R1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Gildehaus, Mo

18. (a) Signature of funeral director Family
(b) Address Villa Ridge, Mo

19. (a) Jan 9-1942 (Date received local registrar) (b) H A May (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 42 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from 1-8, 1942 to 1-9, 1942
that I last saw him alive on 1-8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis	1 day
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature H M. Denny (M. D. or other) M S
Address Union Mo Date signed 1-9-42

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.