

S. No. 2
M-5-42
v. 5-17-39
P. 1 X32873

38898

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN -5 1943 18
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10748

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(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:
(a) State Kansas (b) County
(c) City or town Wichita
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 N. Market Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Chester Mackin Jobe
(b) If veteran, name war No.
(c) Social Security No. 702-16-5680

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 23 day
year 1942 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Oct 23, 1942, to Dec 23, 1942
that I last saw him alive on Dec 23, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona M. Baer
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased December 8, 1890
(Month) (Day) (Year)

Immediate cause of death.....
Coronary Arteriosclerosis
Due to.....
Coronary Arteriosclerosis
Ch. myocardiitis
Coronary artery disease
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
52 0 15 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Clerk

11. Industry or business Mo. Pac. R. R. Co.

12. Name David Colter Jobe

13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name Ida May Hagen

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

16. (a) Informant Mrs. Leona M. Jobe

(b) Address Wichita, Kans. 1221 N. Market St.

17. (a) removal (b) Date thereof 12/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kans.

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 23 1942 (b) J. F. Bradack
(Date received local health officer's report) (Registrar's signature)

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) () Means of injury

23. Signature J. F. Bradack (M. D. or other) MP

Address Mo. Pac. R. R. Dept. Date signed 12-23-42

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. *1994*

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.