

FILED MAR 16 1945  
15

Primary Registration District No. 3004

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(c) Name of hospital or institution: 1400 Kentucky  
(d) Length of stay: In hospital or institution 75 years  
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(d) Street No. 1400 Kentucky  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Priscilla Alice Jobe

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David Jobe 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February 18, 1861

8. AGE: Years 83 Months 11 Days 28

9. Birthplace Hickory County Missouri

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Parks

13. Birthplace U.S.A.

14. Maiden name Nancy Parks

15. Birthplace U.S.A.

16. (a) Informant James Jobe (b) Address 1400 Kentucky Lamar, Mo.

17. (a) Burial (b) Date thereof 2-18-45

(c) Place: burial or cremation Lake Ceme, Lamar, Mo.

18. (a) Signature of funeral director Gibson Funeral Home (b) Address Lamar, Missouri

19. (a) 2-16-45 (b) Martha River

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1945 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from July first 1944 to Feb. 16 1945 that I last saw her alive on Feb. 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Clancer of bladder

Due to ...  
Due to ...  
Other conditions ...

Major findings: Of operations ...  
Of autopsy ...

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? ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature D. Guldner (M. D. or other) ...  
Address Lamar Date signed 2/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 6,  
District File Number 345-255  
Date Filed MAR 13 1945

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..... *E. C. Gilman* .....

Licensed Embalmer No. 4137.....  
P. O. Address 1201 Bwdy Lamar, 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.