S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30057

FILED SEP 21 1945

Registration District No. 18

Primary Registration District No. 5066

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Southwest Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. 4, Pittsburg, Kans. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 64 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 1

(c) City or town Southwest 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 4, Pittsburg, Kans. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anderson Jobe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Viola

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

7. Birth date of deceased March (Month) 29 (Day) 1863 (Year)

8. AGE: Years 82 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Cole County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jobe
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Foster
15. Birthplace (City, town, or county) Unobtainable 4 (State or foreign country)

16. (a) Informant Mrs. Viola Jobe

(b) Address R. R. 4, Pittsburg, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 8 (Day) 45 (Year)

(c) Place: burial or cremation Blackjack Cemet'y.

18. (a) Signature of funeral director W E Ellsworth

(b) Address Pittsburg, Kans.

19. (a) Aug 8/45 (Date received local registrar) (b) Blanche Sackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1945 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Apr. 8, 1945 to Aug 20, 1945
that I last saw him alive on Aug 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration acidosis & Inanition of Senility — Duration 2 mos.

Due to Carcinoma of Colon — 2 years

Due to

Other conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations 469

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. H. Kneeland (M. D. or other) D.D.

Address Liberal, Mo Date signed Aug 8 1945

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 945-978
Date Filed SEP 20 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 W E Ellsworth

Licensed Embalmer No. 1272

P. O. Address Pittsburg, Kansas

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.