S. No. 2
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5-17-39
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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. 37908

FILED NOV 30 1945

Registration District No. 309 Primary Registration District No. 3043 Registrar's No. 305

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4

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution: St ELIZABETH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 8 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 601 South Davis St 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES ADELBERT JARBOE

3. (b) If veteran, name war None

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 Gertrude Lee

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased AUGUST (Month) 5th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	12	hr. min.

9. Birthplace LAKENAN (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name Joseph M. Jarboe
13. Birthplace Lebanon (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Lewellen Worland
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mr Chas Kelly
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Shelbina

18. (a) Signature of funeral director Wilson + Sons
(b) Address Monroe City Mo

19. (a) 10-19-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 17th
year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar. 1, 1945, to Oct. 17, 1945;
that I last saw him alive on Oct. 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block complete	3 yr.
Due to Chronic valvular heart disease	20 yrs
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy

131 B

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 John H. Kibbe (M. D. or other)

Address Monroe City Mo Date signed 10/18/45

1374

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1952

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 By me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3017

P. O. Address Monroe City, 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.