

FILED APR 17 1946

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Cal.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town California Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERSCHEL LEE ROY JOBE

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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 24 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Jobe
13. Birthplace Moniteau Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Est. Alice Milligan
15. Birthplace Marionville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Jobe
(b) Address California Mo.

17. (a) Burial (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Walter E. Sullivan

(b) Address California Mo.

19. (a) 3-28-46 (b) H.R. Robey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25
year 1946 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from March 23
1946 to March 25 1946
that I last saw him alive on March 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Prematurity and
Intestinal Obstruction 1 day

Due to _____
Due to _____
Other conditions:
(Include pregnancy within 3 months of death)

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? _____ (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)
(c) Means of injury M.D.
23. Signature Kernyon Latham (M. D. or other)
Address California Mo. Date signed 3-26-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-16-46

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.

This body was not embalmed.

Signed

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.