S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21176

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 117

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Employees Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 84
(c) City or town Moberly, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 919 Emerson St., 3
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Markus C. Jarboe
3. (b) If veteran, name war ✓
3. (c) Social Security No. 702-05-3447
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Ruth Jarboe
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased June 2nd, 1899 (Month) (Day) (Year)
8. AGE: Years 47 Months 11 Days 29 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Wabash Railroad
FATHER 12. Name Marcus C. Jarboe
FATHER 13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Nellie B. Petzel
MOTHER 15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Edna R. Jarboe
(b) Address 919 Emerson St., Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo.
19. (a) June 4-46 (Date received local registrar) (b) Leah Williams Coun (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 8 minute 35 p. M.
21. I hereby certify that I attended the deceased from April 25, 1946 to 1 June, 1946 that I last saw him alive on 1 June, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bacterial Endocarditis
Myocarditis, Chronic
Due to Cerebral Embolism
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 0
23. Signature (M. D. or other) MD
Address Wabash Hospital Date signed June 46

267

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1948

SEP 23 1946

RECEIVED
District Health Officer No. 10
District File Number 6-46-1237
Date Filed JUN 14 1946

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 Frank D. D. Wilt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.