No. 2
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17-39
X37823

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. 36594

FILED NOV 18 1946

Registration District No. 116 Primary Registration District No. 3026 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: 421 High St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 89 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 421 High St. 2
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME John Henry Tobben.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Tobben.

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

7. Birth date of deceased April (Month) 17th. (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	6	18	hr. min.

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

10. Usual occupation Retired Farmer.

11. Industry or business X

FATHER
12. Name Henry M. Tobben. 1
13. Birthplace Unknown, (City, town, or county) Germany. 1 (State or foreign country)

MOTHER
14. Maiden name Clara E. Reuber.
15. Birthplace Unknown, (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mrs. Ben Riegel
(b) Address 421 High St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation Krakow, Mo.

18. (a) Signature of funeral director Riebury & Ditt, Inc.
(b) Address Washington, Mo.

19. (a) 11/7/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th. year 1946 hour 8:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 8, 1946, to Nov 5, 1946 that I last saw him alive on Nov 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 0
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Washington Mo. Date signed 11/7/46

94 (Licensed Embalmer's Statement on Reverse Side) Dr. L. O. Muench

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/12/46

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 me, Registered Apprentice No. working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2387

P. O. Address Washington, 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.