

S. No. 2  
M-2-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21686

FILED JUL 9 2 1947

Registration District No. 27

Primary Registration District No. 30465796

Registrar's No. 40.

1. PLACE OF DEATH:

(a) County Moniteau County

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

(c) Name of hospital or institution: 1  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Rural Walker 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Edward Jobe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from June 7 1947 to June 12 1947  
that I last saw him alive on June 12 1947  
and that death occurred on the date and hour stated above.

4. Sex Male (D) 5. Color or race White

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

6. (b) Name of husband or wife Dora Dodson Jobe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January - 10 - 1886  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum 9 Mo.  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
61 5 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) W

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ruben Jobe

13. Birthplace Moniteau County, Mo. (D)  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Ann Allee

15. Birthplace Moniteau County, Mo. (D)  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Dora Jobe

(b) Address California, Mo.

17. (a) Burial (b) Date thereof 6-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., California

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)  
(e) Means of injury 24

18. (a) Signature of funeral director William Samuel Stone

(b) Address California, Mo.

19. (a) 6-14-47 (b) A. R. Popejoy  
(Date received local registrar) (Registrar's signature)

23. Signature A. R. Popejoy (M. D. or other) D.O.  
Address California, MO Date signed 6/14/47

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

800

NOV 24 1964

RECEIVED  
District Health Officer No. 9,  
District Rio Nueces  
Date Recd 7-8-47

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..... *H.C. Friedmeyer* .....

Licensed Embalmer No..... *2854* .....

P. O. Address..... *California Me* .....

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.