

FILED AUG 28 1947

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 143

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Year
(Specify whether
 In this community 17 Years
years, months or days)

3. (a) PRINT William Felix Jobe
FULL NAME

3. (b) If veteran, No name war
3. (c) Social Security No. 498-09-8701

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lora Lee Jobe
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: January 8, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	5	
				hr. min.

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

10. Usual occupation Retired Janitor

11. Industry or business Sugar Creek Schools

12. Name Felix J. Jobe

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Douthitt

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lora Lee Jobe

(b) Address 11206 Gill, Sugar Creek, Mo

17. (a) Burial (b) Date thereof 8-15-'47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Grove Cem.

18. (a) Signature of funeral director Donald C. Emshouser
Independence, Missouri

(b) Address

19. (a) AUG. 14, 1947 (b) Donald C. Emshouser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
 (d) Street No. 11206 Gill.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13,
year 1947 hour 9 minute 30 A.

21. I hereby certify that I attended the deceased from Sept. 10, 1946
to 13 Aug 1947

that I last saw h. alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma prostatic Duration _____

Due to _____

Due to _____

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

Major findings: 518
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? _____

23. Signature Frank E. Repharme
Jack Co. Hosp
(Specify city or place) (Means of injury)

Date signed 8/13/47

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

MOTHER FATHER

VS OCT 4 1960

VS OCT 4 1960

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 _____

Diana L. Keely
4225

Licensed Embalmer No. _____

P. O. Address *Independence 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.