

FILED NOV 19 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller 66

(c) City or town Eldon /
(If outside city or town limits, write "RURAL")

(d) Street No. 413 W. North /
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Asilee Edna Jobe

3. (b) If veteran, name war _____

3. (c) Social Security No. (65 m.)

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John Jobe

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

7. Birth date of deceased 8 - 1 - 89
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug. 20, 1948, to Nov 10, 1948;

that I last saw her alive on Nov. 9, 1948;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Pyloropharitis

Duration 1 mo

9. Birthplace Monticau Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Epidermoid Carcinoma of Cervix, post operative rec. 1 1/2 yrs.

Due to _____

Other conditions none 1/8
(include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name John Byrd

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Elliott

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations none performed here

Of autopsy Confirmation of above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Passive Kay

(b) Address Kansas, Mo.

17. (a) Burial (b) Date thereof 11-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doddy Cemetery Eldon Mo.

18. (a) Signature of funeral director Willis D. Thompson

(b) Address Boone, Mo.

19. (a) Nov 11 1948 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature William T. Moss (M. D. or other) M.D.

Address Ellis Fischel Cancer Hospital signed Nov 10

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 18 1948

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 *Louis D. Phillips*

Licensed Embalmer No. *2663*

P. O. Address *Edison*

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.