

S. No. 2
DM-3-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33580**
Registrar's No. **236**

Registration District No. **14**

Primary Registration District No. **3016**

1. PLACE OF DEATH:
(a) County **Cole Co.**
(b) City or town **Jefferson City, Mo.**
(c) Name of hospital or institution: **St. Marys Hospital**
(d) Length of stay: In hospital or institution **5 Days**
In this community **30 Yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole Co.**
(c) City or town **Jefferson City, Mo.**
(d) Street No. **627 Michigan St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Jake Jobe**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **0** **31** day **Oct**
year **1945** hour **12:55** minute **0** M.
21. I hereby certify that I attended the deceased from **Oct 27**
19**45** to **Oct 31** 19**45**;
that I last saw him alive on **Oct 30** 19**45**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Emma Jobe**
(c) Age of husband or wife if alive **68** years
7. Birth date of deceased **October 20 1860**

Immediate cause of death
Pneumonia Hypostatica 2 days
Due to **Fracture left femur** 4 days
Due to **Hypertension**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years **85** Months **0** Days **11**
9. Birthplace **Moniteau Co. Mo.**

PHYSICIAN
Underline the cause to which death should be charged statistically.
1860-5
10-18

10. Usual occupation **Retired Farmer**
11. Industry or business

MOTHER FATHER
12. Name **Abe Jobe**
13. Birthplace **Kent**
14. Maiden name **Un Known**
15. Birthplace **Unknown**

16. (a) Informant **Old Crawford**
(b) Address **Center town Mo.**
17. (a) **Burial** (b) Date thereof **Nov. 2, 1945**
(c) Place: burial or cremation **Old Salem Cent.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Oct 27 1945**
(c) Where did injury occur **near Jefferson City, Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**
While at work? (Specify type of place) **slipped in driveway**
(e) Means of injury
23. Signature **J. Kanagawa** (M. D. or other) **MD**
Address **129 E. High St** Date signed **10/31/45**

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California 7700**
19. (a) **10-31-45** (b) **R. P. Dorris MD**
(Date received local registrar) (Registrar's signature)

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

26
5
4

1431

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-13-45

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 Mr.

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

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California 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.