

S. No. 2
M-1-4-41
v. 5-17-39
P-1 X26390

15551

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1942

5976B-3035

Registrar's No. 33

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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 All Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89
(c) City or town Richmond Mo. R.F.D. # 2 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year _____ hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from
1-5 to 4-26
that I last saw her alive on 4-20
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
Due to _____

Other conditions Chronic Hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

1318

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 Thos J Cook (M. D. or other) _____
Address Richmond Mo Date signed 4-28-42

3. (a) PRINT FULL NAME Alice Sarah Jacobs

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife John G. Jacobs 6. (c) Age of husband or wife if alive died years

7. Birth date of deceased July 8 th. 1858.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 18 hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name C.C. Witcher

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

14. Maiden name Ken.

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

16. (a) Informant Leah Jacobs

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 4-28-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Cem

18. (a) Signature of funeral director J. B. ...
(b) Address Richmond Mo.

19. (a) April 28 1942 (b) Thos. W. Sheppard
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

59

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-13-42

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed.....

J.B. Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.