

REC'D SEP 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH30026
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 244
 (b) Township _____ Primary Registration District No. 3035 Registered No. 240
 (c) City Richmond (d) Street No. 318 West Lexington St.
 (e) Length of residence in city or town where death occurred 79 yrs. 5 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie L. Jacobs

(a) Residence, No. 318 West Lexington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1860

7. AGE YEARS 79 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House duties
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Richmond, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Samuel E. Jacobs

14. BIRTHPLACE (CITY OR TOWN) Richmond, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Charlotte Johnson

16. BIRTHPLACE (CITY OR TOWN) Richmond, (STATE OR COUNTRY) Mo.

17. INFORMANT Gordon Jacobs (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jacobs Cemetery DATE August 14, 1939

19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond, Mo.

20. FILED Aug 31, 1939 W. A. Jackson Local Registrar (Address) Richmond, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19____, to Aug 12, 1939

I last saw her live on Aug 12, 1939 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
93C

Other contributory causes of importance:

arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. E. Taylor, M. D.

(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number *Mc/39*
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.