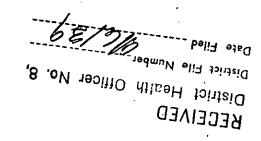
MISSOURI STATE BOARD OF HEALTH BEG'D SEP 8 BUREAU OF VITAL STATISTICS PHYSICIANS should state CERTIFICATE OF DEATH 1. PLACE OF DEATH (a) County Ray Registration District No..... Township..... Primary Registration District No..... Registered No. city Richmond 318 West Lexington (d) Street No ... 7 9 (II death occurred in Hospital or Institution, write its name instead of street and number) RECORD (e) Length of residence in city or town where death occurred OCCUPATION 318 West Lexington (a) Residence, No...... (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 339 DIVORCED (write the word) Female White statem I HEREBY CERTIFY, That I attended deceased from **5A. IF MARRIED, WIDOWED, OR DIVORCED** HUSBAND OF (OR) WIFE OF February 22,18 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated al The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than 1 MONTHS DAYS 5 18 day,brs classified. Date of enset ormin. 闰 8. Trade, profession, or particular kind of ATION House_duties work done, as sawyer, bookkeeper, etc.. 9. Industry or business in which work supplied. properly o was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOWN). Richmond (STATE OR COUNTRY) Samuel Jacobs 13. NAME Richmond U 14. BIRTHPLACE (CITY OR TOWN) ghoul Name of operation..... Date of. 8 (STATE OR COUNTRY) Mo. What test confirmed diagnosis Was there an autops terms. information n plain terms Charlotte Johnson 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: Richmond. 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?..... (STATE OR COUNTRY) Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Jacobs Gordon 17. INFORMANT Every item or OF DEATH Richmond. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... MACE Jacobs Cemetery DATE August 14,39 24. Was disease or injury in 19. FUNERAL DIRECTOR (NAME) E Thurman N. B.— CAUSE If so, specify.... (ADDRESS) Richmond. (Signed). waledrackson D Local Registrar. (Licensed Embalmer's Statement on Reverse Sige)



Licensed Embaimer No.....

STATEMENT BY LICENSED EMBALMER

		•
I hereby certify that the body whose name i	is recorded on the reverse side of this certific	ate was embalmed by me, or by
working under my personal supervision.	۳۰۰	Registered Apprentice No
	Signed	

with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.