

FILED DEC 26 1947

Registration District No. **297** Primary Registration District No. **3057**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
328 North Main St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether)
 In this community 78 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 328 North Main St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry L. Jacobs
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month December day 1st
 year 1947 hour 2 minute 00 P.M.
 21. I hereby certify that I attended the deceased from 10-12-47
 _____, 19____, to 12-1-47, 19____;
 that I last saw him alive on 11-28-47, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 10, 1869
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 3 days
 Due to _____
 Due to _____
 Other conditions Hypertension ?
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Miner

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Harrison Jacobs
 13. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Price
 15. Birthplace Carroll County, Missouri
(City, town, or county) (State or foreign country)

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?

16. (a) Informant William Jacobs
 (b) Address Richmond, Missouri
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12/5/47
(Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery

23. Signature Gloss J. Cow (M. D. & J.D.S.)
 While at work _____ (Specify type of place) (c) Means of injury _____
 Address Richmond, Mo. Date signed 12-9-47

18. (a) Signature of funeral director Quest-Lie F. Home
 (b) Address Richmond, Missouri
 19. (a) Dec 10-1947 (b) Malcolm Jacobs
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 1

17000

District File Number.....

Date Filed 12-26-47

APR 28 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 Zant

Licensed Embalmer No. 4096

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.