S. No. 2
—1-4-41
5-17-39
390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3332

FILED FEB 16 1942

Registration District No. 7421

Primary Registration District No. 3035

Registrar's No. 7

1. PLACE OF DEATH

(a) County: Ray

(b) City or town: Richmond City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State ..... (b) County: 89

(c) City or town: 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Wesley Jacobs

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Black

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. (Month) 8th (Day) 1866 (Year)

8. AGE: Years 75 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Richmond (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Minister

11. Industry or business: C.M.E. Minister

MOTHER FATHER

12. Name: Harrison Jacobs

13. Birthplace: Ray Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Mary Price

15. Birthplace: Lafayette Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: William Jacobs

(b) Address: Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 16-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: A. W. Maynard

(b) Address: Richmond Mo.

19. (a) Feb 4 1942 (Date received local registrar) (b) Chas. W. Lightner (Registrar's signature)

1178

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany. day 13th year 1942 hour 10 C minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1941 to Jan 13 1942 that I last saw him alive on Jan 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to: Arteriosclerosis

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 94a

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: E. B. Freeman (M. D. or other)

Address: Richmond Mo. Date signed 2-3-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Death File Number
Date Filed 2-12-42

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.....

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

working under my personal supervision.

Signed Alexander Manson

Licensed Embalmer No. 4157

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.

. S. No. 2B
)M—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3832

Registration District No. 944 Primary Registration District No. 3035 Registrar's No.

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME John W. Jacobs
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 8 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 22, 1942 (b) Ora B Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 13 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY