

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34779  
State File No. ....

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

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>297</u>   |  | PRIMARY REG. DIST. NO. <u>6022</u>   |  | Registrar's No. <u>84</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Ray</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond</u>  |  | c. LENGTH OF STAY (in this place) <u>5 months</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>   |  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ray County Home</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>S. Whitmer St.</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>OSWALD</u>  |  | b. (Middle) <u>MARTIN</u>   |  | c. (Last) <u>JACOBS</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 26, 1949</u>                 |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>  |  | 8. DATE OF BIRTH <u>February, 1872</u>   |  |
| 9. AGE (In years last birthday) <u>77</u>   |  | IF UNDER 1 YEAR Months <u>8</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grain miller</u>                            |  |
| 11. BIRTHPLACE (State or foreign country) <u>Unknown, Kentucky</u>  |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |  |  |
| 13a. FATHER'S NAME <u>W. W. Jacobs</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ford</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Stewart, Richmond, Mo.</u> ADDRESS _____   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES (b) <u>arterio-sclerosis</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u><br><br><u>331X</u>                 |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Sept 1949</u> , to <u>Oct 26, 1949</u> , that I last saw the deceased alive on <u>10-26-1949</u> , and that death occurred at <u>5:45 p.m.</u> , from the cause and of the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>E. B. Ray</u> (Name or title)   |  |   |  | 23b. ADDRESS <u>Richmond Mo 10249</u>  |  | 23c. DATE SIGNED _____   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>October 28, 1949</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>          |  |
| DATE REC'D BY LOCAL REG. <u>Oct 30-1949</u>   |  | REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Turner</u> ADDRESS <u>Richmond, Mo.</u>  |  |  |  |

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-49

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, ~~XXXX~~

working under my personal supervision.

Student Embalmer No. ....

Signed William L. Thurman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4563

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.