

FILED JUN 1 1942

Registration District No. 5-7-16 B-744 Primary Registration District No. 5976 B Registrar's No. 41

1. PLACE OF DEATH:

(a) County... Ray

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

(c) Name of hospital or institution: 1
(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.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Stephen Douglas Jacobs

3. (b) If veteran, No No name war.....

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Martha Jane Jacobs

6. (c) Age of husband or wife if alive..... years 9 1860
(Month) (Day) (Year)

7. Birth date of deceased Aug.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 9 8 hr. min.

9. Birthplace Russellville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name James M, Jacobs

{ 13. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Walters Martin

{ 15. Birthplace Wellington Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Jacobs

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof May, 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newhope Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) May 18, 1942 (b) Charles W. Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 9 minute 30, A. M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 17, 1942
that I last saw him alive on May 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pylorus of stomach

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: H6b
Of operations.....

Of autopsy.....

Duration

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?.....

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M.D. or officer) ABDO

Address Richmond, Mo. Date signed May 16, 1942

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-11-42

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, W. H. H.

Registered Apprentice No. _____

working under my personal supervision.

Signed W. H. H.

Licensed Embalmer No. 2073

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.