

FILED MAY 12 1944

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 23

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:
119 East Institute St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")
(d) Street No. 119 East Institute St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Swan Pearl Jacobs

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T. L. Jacobs 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 25. 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name H. C. Vinsant
13. Birthplace Unknown Tenn. /
(City, town, or county) (State or foreign country)
14. Maiden name Essie Kencaid
15. Birthplace Unknown Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Richmond, Mo.
(b) Address _____

17. (a) Burial (b) Date thereof April 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.

19. (a) 7/13 44 (b) Mrs. Geo. W. Sheppard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1944 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from 3-21-44 to 3-21-44, 1944
that I last saw her alive on March 21, 1944
and that death occurred on the date and hour stated above

Immediate cause of death Acute dilatation of the heart, Duration _____

Due to General debility
Due to Involuntional Melancholia
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? [Signature] (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address Richmond, Mo. Date signed 4-9-44

WRITE PLAINLY—USE UNFADING INK

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-11-44

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 ~~for my~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed *E. M. ...*
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: