

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32155
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
(b) Township _____ Primary Registration District No. #4177 Registered No. _____
(c) City Pacific (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
John Jay Jacobs
Pacific, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Minnie E. Jacobs

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1937 to Sept 28 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1865

I last saw him alive on Sept 24 1938 Death is said to have occurred on the date stated above, at 3:55 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 11 25

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Gen'l. Labor
10. Date deceased last worked at this occupation (month and year) Sept 1935
11. Total time (years) spent in this occupation. Life

Chronic Interstitial Nephritis. Date of onset May 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Missouri

Other contributory causes of importance: None

13. NAME Jacob Jacobs

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. John Jacobs Pacific, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo DATE Oct 4 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. L. Thebes Pacific, Mo

20. FILED 10-10-1938 Mary B. Goss Local Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Henry E. Partridge M. D.
(Address) Pacific - Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state whether information should be crematory supplied.

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, _____

Jno. L. Thibbes

or by _____

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

Signed _____

Jno. L. Thibbes

Licensed Embalmer No. *3008*

P. O. Address *Pacific, M.*

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, above space should be left blank.