REC'D JUL 11 1939

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

21761
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Gir 2
(b) Township
(c) City
Registration District No. 12d
Primary Registration District No. 3009
Registered No. 232
(d) Street No. St.
(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 Rhoda Caroline Jacobs
(a) Residence, No. 315 R N Middle St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Leonard Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 13 1886
7. AGE: Years 52 Months 10 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo.

FATHER
13. NAME: Jessie Hardle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo

MOTHER
15. MAIDEN NAME: Matilda Seabaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville Mo

17. INFORMANT (ADDRESS): Leonard Jacobs Cape Gir Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: SEDGEWICKVILLE Mo. DATE: 7-1-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Seabaugh Funeral Home Cape Girardeau, Mo.
20. FILED 6-29-1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-29-1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

O.E.R. Pinkey Coroner of Cape Co. Mo. of Co during the Inquest Given of the Coroner find that the deceased Mrs. Rhoda Caroline Jacobs came to her death by some

Other contributory causes of importance:
Unknown Cancel to me.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. R. Pinkey Coroner, M.D.
(Address) H. S. Pacific St Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16 1 4

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, Wm Estes, or by .....

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

Signed Wm Estes

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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, above space should be left blank.