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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5895

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 214 Edgewood Ave.
(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 Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

(c) City or town Columbia
(If outside city or town limits write "RURAL")

(d) Street No. 214 Edgewood Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EDWIN JACOBS 212

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Never Married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. (Month) 24 (Day) 1853 (Year)

8. AGE: Years 86 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name George R. Jacobs
13. Birthplace _____ (City, town, or county) W. Va. (State or foreign country)

MOTHER
14. Maiden name Louise Parsons
15. Birthplace _____ (City, town, or county) W. Va. (State or foreign country)

16. (a) Informant Miss Kathryn Jacobs
(b) Address Columbia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Parker's
(b) Address Columbia, Mo.

19. (a) 2/20/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 18 year 1940 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from 1933 Nov 1st 1933 to Feby 18th 1940 that I last saw him alive on Feby 16th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Nautiple Cerebral
Hemorrhage
Due to arteriosclerosis
Due to Age
Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings:
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other)
Address Columbia Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

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, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.