

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Dr. Meyer

Registration District No. 213

Primary Registration District No. 5296

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
R.F.D.#4, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Jacobs 212

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ J. Jacobs

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

7. Birth date of deceased Sept 27 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Osage Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Brand

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Haberstumpf

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Geo J. Jacobs

(b) Address R.F.D.#4, Jefferson City, Mo

17. (a) Burial (b) Date thereof Mar-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Wm. G. Gordon

(b) Address Jefferson City, Missouri

19. (a) 3/15/40 (b) Wm. G. Gordon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. RR#4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2nd
year 1940 hour 4 A.M. minute 30 M.

21. I hereby certify that I attended the deceased from Sept 1st
1939 to Feb 21 1940
that I last saw her alive on Feb 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to age & probably T.B.

Due to _____

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

and pharyngitis

Major findings: none

Of operations _____

Of autopsy none

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 J. T. Meyer (M. D. or other) _____
Address Jefferson City Mo Date signed 3/15/40

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

26

73

10-1-1918
10-1-1918
10-1-1918

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.....

working under my personal supervision:

Registered Apprentice No.....

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10 732
Registrar's No. 27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 2296

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

1. PLACE OF DEATH

(a) County Cole
(b) City or town Osage, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Mrs Mary Jacobs

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years 70 Months 5 Days 5 If less than one day _____ h _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 2 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Age & probably T. B
Of Lungs & 27

Other conditions Bronchitis and Pharyngitis
(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 _____ (Specify type of place) (e) Means of injury _____

23. Signature L. A. T. Meyer (M. D. or other) _____
Address Jefferson City Mo Date signed _____

SUPPLEMENTARY

S-10732

1940