

Registration District No. 297

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours.
(Specify whether
In this community X
years, months or days)

3. (a) PRINT FULL NAME Janet Mae Jacobs. 217

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 15th, 1940.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 0 5 hr. min.

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

10. Usual occupation X

11. Industry or business X

12. Name George W. Jacobs, 0

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

14. Maiden name Anna Bradford,

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

16. (a) Informant X Geo W. Jacobs 405 Hancock
(b) Address Washington, Missouri.

17. (a) Burial (b) Date thereof June 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director NIEBURG & NIAT, Inc.

(b) Address Washington, Mo

19. (a) June 16-1940 (b) H. A. May
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0
(a) State Missouri (b) County Franklin
(c) City or town Washington
(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.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th.
year 1940 hour 5:00 minute P.A.M.

21. I hereby certify that I attended the deceased from June 15, 1940 to June 15, 1940
that I last saw her alive on June 15, 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Placenta previa

Due to 154

Other conditions 154
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Joseph J. Wray (M. D. or other) 1940

Address 311 1/2 W. Washington, Mo signed 6-16-40

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

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

P. O. Address.....

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..