

Registration District No. 548Primary Registration District No. 4323Registrar's No. 4

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Palmyra  
 (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 Life time \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME MRS EXIE JACOBS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid  
 6. (b) Name of husband or wife W. F. Jacobs 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 12 16 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 4 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Palmyra Mo. (1)  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

## 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Wm Kemp \_\_\_\_\_  
 13. Birthplace Maryland \_\_\_\_\_ (State or foreign country)  
 14. Maiden name Rebecca Abalt \_\_\_\_\_  
 15. Birthplace Maryland \_\_\_\_\_ (State or foreign country)

16. (a) Informant Lloyd Jacobs17. (a) Burial (b) Date thereof Jan. 22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Palmyra Mo18. (a) Signature of funeral director A. H. Sprague(b) Address Palmyra Mo19. (a) Jan 22-41 (b) Vertude Lee  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Palmyra  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 30 street number  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20  
year 1941 hour 1 minute 30 P.M.21. I hereby certify that I attended the deceased from Jan 22  
\_\_\_\_\_, 1940, to Jan 20, 1941;  
that I last saw him alive on Jan 22, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Diab. amyloid  
Without complaint.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

4 "While working" (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_23. Signature W. A. Kelle (M. D. or other) M. D.Address Palmyra Mo Date signed 1-22-41

**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.....

*Carl Abbot*

....., Registered Apprentice No. *229*

working under my personal supervision.

Signed.....

*A. M. Sprague*

Licensed Embalmer No. *999*

P. O. Address.....

*Palmira, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**