

No. 2
4-18-40
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X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25462

FILED AUG 18 1941

State File No. _____

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 66

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town Canton
(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 years, months or days)
 In this community 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town Canton
(If outside city or town limits, write "RURAL")
 (d) Street No. 507 Jamison
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Allen Jacobs
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27
 year 1941 hour 3 minute 15 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 9
 (b) Name of husband or wife Ella Covey
 (c) Age of husband or wife if alive 1864 years
 7. Birth date of deceased Feb. 10, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1
1941 to July 27 1941
 that I last saw him alive on July 26 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
 Due to Arterio Sclerosis
 Due to GBA
 Other conditions (include pregnancy within 3 months of death)

9. Birthplace Cicero Indiana
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired real estate agent

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Richards Jacobs
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Adams
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Allen Jacobs
 (b) Address Canton, Mo.
 17. (a) Burial (b) Date thereof 7/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Canton, Mo.

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? _____

18. (a) Signature of funeral director Carl G. Parker
 (b) Address Canton, Mo.
 19. (a) July 28, 1941 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature P. W. Jennings (M. D. or other)
 Address Canton, Mo. Date signed _____

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

6
1
0

RECEIVED

District Health Officer No. 10

District File Number 8-41-1463

Date Filed AUG 13 1941

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

Earl H. Buckley

Licensed Embalmer No. 7615

P. O. Address Canton, Ma

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, fact should be so stated above.