

0. 2
4-41
7-39
X28390

DEPARTMENT OF COMMERCE
FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29110

State File No. _____

Registration District No. 687

Primary Registration District No. 3022

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: B Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Louisiana Mo
(If outside city or town limits, write "RURAL.")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William John Jacquin

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-3363

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1941 hour 11 minute 47 P.M.

21. I hereby certify that I attended the deceased from 8-6-41 to 8-6-41 1941 that I last saw him alive on 8-6-41 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Bertrude M. Jacquin 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 2/22-73
(Month) (Day) (Year)

Immediate cause of death Consumption Tuberculosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 5 Days 14 If less than one day _____ min.

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

10. Usual occupation Traveling Salesman - Richard

MOTHER FATHER

12. Name Dominique Jacquin

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

14. Maiden name Elizabeth Baker

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertrude M. Jacquin (Wife)

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Aug 9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Review

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) road

(b) Date of occurrence road

(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? no

18. (a) Signature of funeral director Richard

(b) Address Louisiana Mo

19. (a) 8/6/41 (b) Richard
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Richard (M. D. or _____)

Address Louisiana Mo Date signed 8/6/41

687 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1624

Date Filed SEP - 8 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.....

George O. Wagner

Registered Apprentice No.....

working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 7

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.