

Registration District No. 85

Primary Registration District No. 2001

Registrar's No. 915

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1116 South 26th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 So. 26th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvina Jacobs

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George M. Jacobs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 5th, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
98 0 15 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron Stone
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Taylor
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella LaPort
(b) Address 1116 So. 26th Street

17. (a) Burial (b) Date thereof 9/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director W. J. Neathumb
(b) Address 319 So. 10th Street

19. (a) 9-23-1941 (b) W. J. Neathumb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1941 at hour 7:00 minute _____ a. _____ M.

21. I hereby certify that I attended the deceased from on Sept 20 1941 to _____ 19____;
that I last saw succumbed and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis Duration 2 yrs
Due to General Arterio Sclerosis 2 yrs

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____ Of autopsy no
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 3
23. Signature H. F. Munday (M. D. or other) Coroner
Address 404 So 3d Date signed 9/20/41

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

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 9-20-4

Registered Apprentice No. _____

working under my personal supervision.

Signed

Wm E. Summersfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St. Joseph

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.