

Registration District No. 400

Primary Registration District No. 555313

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Little Blue Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Emergency Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days. (Specify whether  
In this community 21 days. years, months or days)

3. (a) PRINT FULL NAME William Virgil Jacobi

3. (b) If veteran, name war no 3. (c) Social Security No. 896-10-214

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

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

7. Birth date of deceased: May 22 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 28 3 12 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Perry Truck & Bus Co.

12. Name Philly Jacobi

13. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Stella Scott

15. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Philly Jacobi

(b) Address Oak Grove Mo

17. (a) Buried (b) Date thereof 9-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Wm. Ahlert, Jr.

(b) Address Oak Grove Mo

19. (a) 9-5-41 (b) Philly L. Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rob. Grove  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1941 hour 4 minute 20 AM.

21. I hereby certify that I attended the deceased from 8-14-41  
\_\_\_\_\_ 19\_\_\_\_, to 9-4-41 19\_\_\_\_;  
that I last saw him alive on 9-4-41 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 5 wks  
Due to Refrained appendix 5 wks

Other conditions 12/11  
(Include pregnancy within 3 months of death)

Major findings: As above  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
5 wks  
5 wks  
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 \_\_\_\_\_

23. Signature Louis N. Speer, M.D. (M. D. or other) M.D.  
Address Little Blue Mo Date signed 9/14/41

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

MOTHER FATHER

**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.....

*R. Blurb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

**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.**