

FILED DEC 10 1941
Registration District No. _____

Primary Registration District No. **100**

1. PLACE OF DEATH:
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MO. METHO. HOSPITAL 11
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 hrs.**
 (Specify whether _____)
 In this community **5 hrs.**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Worth**
 (c) City or town **Albany**
 (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? **1** years.

3. (a) PRINT FULL NAME **DAVID EDWIN JACOBS**

3. (b) If veteran, name war _____ **3. (c) Social Security No.** **none**

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Myrtle Jacobs**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Sept 15 1874**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	1	29	

9. Birthplace **Creston Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Thomas Jacobs**
13. Birthplace **York, Maryland**
 (City, town, or county) (State or foreign country)
14. Maiden name **Edna**
15. Birthplace **York, Pennsylvania**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Jacobs**

(b) Address **Randolph, Iowa**

17. (a) Removal _____ **(b) Date thereof** **11-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buell and Cemetery**

18. (a) Signature of funeral director **John C. Temple**

(b) Address **Grand City, Mo.**

19. (a) **11/14/41** **(b)** **J. H. Beattie**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **14** year **1941** hour **9** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 14** 1941, to _____ 19____; that I last saw him _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Internal injuries of abdomen, intestinal hemorrhage into abdominal cavity**
Due to **Paratyphoid (general)**

Due to **1750-3**

Other conditions **was fatally injured by being run over by a farm wagon loaded with wood and drawn by a mule**
(Include pregnancy within 3 months of death)

Major findings: **not seen well passed over body**
Of autopsy: _____
Of operations: _____

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

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Nov 13 - 1941 - 11:00 AM**

(c) Where did injury occur? **Grand City, Worth, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On his farm**
(Specify type of place)

(e) Means of injury **farm wagon**

23. Signature **H. F. Mandy** (M. D. or other) _____

Address **404 So 9d** **Date signed** **11/14/41**

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Arch C Duffee

Licensed Embalmer No.

3252

P. O. Address.....

Grant City, Mo

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, above space should be left blank.