S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10562

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 57

24

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 314 W. Excelsior St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. Excelsior St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Sylvester Jacobs

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mary Hooker

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December 14, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	16	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Jacobs
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paralee Sharp
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dave Clark
(b) Address Galt, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Galt, Missouri

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) 3-30-42 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30th year 1942 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on Coroner 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration

Due to Coroner

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroner 92 h
Of autopsy .....

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) Mitral Insufficiency
(b) Date of occurrence Mar. 30th 1942
(c) Where did injury occur? 314 W. Ex. St. Ex. Springs Mo. Clay Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rooming House (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. W. Brother Coroner (M. D. ~~or other~~)
Address Excelsior Springs Mo. Date signed 3-30-42

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-9-42

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 Robert Ray
Licensed Embalmer No. 4182
P. O. Address Excelsior Spgs, 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, fact should be so stated above.