

FILED MAY 9 1942
Registration District No. 497

Primary Registration District No. 5661A

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Browning

(c) Name of hospital or institution: —

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether)

In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Mary Lucindia Jacobs

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1942 hour — minute — M.

4. Sex Female Color or race white

(a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Jacobs

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

7. Birth date of deceased: Oct 22 1874 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 16 1941 to March 24 1942 that I last saw her alive on March 24 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 3 If less than one day — hr — min —

Immediate cause of death Coronary atherosclerosis Duration 3 yrs

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

Due to —

Due to 49a

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) Myocarditis - Sarcosine

11. Industry or business —

Major findings: left away

12. Name James M. Hollon

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

Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

14. Maiden name Malissa Basket

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

16. (a) Informant Mason Dell

(b) Address Cora, Mo

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

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

17. (a) Burial (b) Date thereof March 27 (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem, Cora

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

18. (a) Signature of funeral director Schoener

(b) Address Winton, Mo. (Frank)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

(Specify type of place) (e) Means of injury —

19. (a) April 27 (b) Geo. H. Ruden (Date received local registrar) (Registrar's signature)

23. Signature J.R. M. Carter (M. D. or other) D

Address Browning Mo Date signed 3/27/42

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 Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milwaukee, Wis.

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.