

S. No. 2
 1-4-41
 5-17-39
 X28390

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 17370

FILED JUN 23 1942

Registration District No. 29

Primary Registration District No. 3056-5118

Registrar's No. 83

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
214 Edgewood Ave. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Years (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME LOUISE PARSONS JACOBS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 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: 10 14 1885
 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Secretary

11. Industry or business _____

12. Name James Rodney Jacobs

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Withers

15. Birthplace Missouri (Boone County) (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Jacobs

(b) Address 214 Edgewood Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-20-1942 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia (If outside city or town limits, write "RURAL")
 (d) Street No. 214 Edgewood Ave. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from NOVEMBER 4 1942 to MAY 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma (X-Ray diag)
 Due to _____

Due to _____

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy NO

Duration 7 mos.
 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 Edwin C. Schmitt (M. D. or other)

Address Columbia, Mo. Date signed 5/17/42

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

M. D. McKeen

Licensed Embalmer No.

3893

P. O. Address

Columbia

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.