

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1806 East 16th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Walter H. Jacobs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Oct. 18 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business _____

MOTHER FATHER { 12. Name Julius Jacobs

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

14. Maiden name Elizabeth Bluhm

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

16. (a) Informant Lillie Jacobs

(b) Address Sedalia 1806 E. 16th.

17. (a) Burial (b) Date thereof 5/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia, Mo.

19. (a) 5/22/42 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 1806 East 16th.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour _____ minute 3:55 P. M.

21. I hereby certify that I attended the deceased from May 20
1942 to May 20 1942
that I last saw him alive on May 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia - Convulsions

Due to Cardio-Nephritic ?

Due to Hypertension ?

Other conditions Arterio Sclerosis ?
(Include pregnancy within 3 months of death)

Major findings: Of operations None 131a

Of autopsy None - Coronary W.T. Bishop notified

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) no

(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 Dr. B. Carlisle M.D. (M.D. or other) _____
Address Sedalia Mo. Date signed 5-22-42

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 6-10-42

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

L. E. Boulder

Licensed Embalmer No.

3867

P. O. Address

Isabelia Way

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.