V. S. No. 2
50M 9-4-41
5-17-39
P.I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21284

Registration District No. 347351 Primary Registration District No. 4208 Registrar's No. 128

42
0
0

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Deepwater (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Deepwater Missouri 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Minnie Belle Jacoby
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) ~~Single~~ widowed, ~~married~~, divorced 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 9 (Day) 1869 (Year)

8. AGE: Years 72 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Zionsville (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name David L. Hamar
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Ellen Fertich
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Wayne Jacoby
(b) Address Deepwater Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Kansas
18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater, Mo.
19. (a) June 1, 1942 (Date received local registrar) (b) Georgia Kitchen D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour Three minute Ten P.M.
21. I hereby certify that I attended the deceased from May 26 1942 to May 31 1942
that I last saw her alive on May 31 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis	22 years
Due to Hypertension Arterio Sclerosis & Uremic Poison	
Due to	
Other conditions (Include pregnancy within 3 months of death) 132:2	
Major findings: Of operations	PHYSICIAN
Of autopsy	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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. C.R. Townsend J.H. (M.D. or other)
Address Deepwater Mo Date signed 6-1-42

1064

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-706
Date Filed 7-7-42

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 Tom Hurst

Licensed Embalmer No. 2282

P. O. Address Doerun, 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.