V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29836

Registration District No. 42

Primary Registration District No. 3134 7000

Registrar's No. 862

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST- JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D #5 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ABT- 60- YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan 11

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

(d) Street No. R F D #5 - Ayr Lawn.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNIE - JACOBS.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem

5. Color or race 1 Wht

6. (a) Single, widowed, married, divorced 2 Wid.

6. (b) Name of husband or wife James H.

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

7. Birth date of deceased Oct. 28 (Month) 1869 (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Savannah (City, town, or county) MO (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Levi Richardson
13. Birthplace Harrison Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Elizabeth McClure
15. Birthplace V (City, town, or county) MO (State or foreign country)

16. (a) Informant Roy Jacobs
(b) Address St Joe MO

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Roy Stanley
(b) Address St Joseph MO

19. (a) 9-3-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 31 August 1942 to 31 Aug 1942 that I last saw her alive on 31 Aug 1932 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Apoplexy	1 day
Due to Senility	2 yrs +
Due to	
Other conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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 no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury

23. Signature E. P. STRAWN, M. D. (M.D.)
Address 1908 Messanie St. Date signed Sept 42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph 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.