

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33237
State File No. _____
Registrar's No. 824

Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

Buchanan
(a) County _____
(b) City or town St. Joseph, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rosecrans Field 3
(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:

979
(a) State Connecticut (b) County _____
(c) City or town Bridgeport 6
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1319 State Street
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 21

3. (a) PRINT FULL NAME DAVID JACOBSON

(b) If veteran, name war _____ (c) ~~XXXXXXXX~~ Serial No 32299125

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 6 1914
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Montreal Canada 2
(City, town, or county) (State or foreign county)

10. Usual occupation Soldier, United States Army

11. Industry or business Isreal Jacobson

MOTHER FATHER { 12. Name _____
13. Birthplace Unknown Latvia 7
(City, town, or county) (State or foreign county)
14. Maiden name Unknown
15. Birthplace Unknown Canada 2
(City, town, or county) (State or foreign county)

16. (a) Informant Army Records

(b) Address Rosecrans Field, St. Joseph, Mo.

17. (a) Removal _____ (b) Date thereof 10-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburgh, New York

18. (a) Signature of funeral director Walter Meerschopper

(b) Address 13th. & Faraon St. St. Joseph, Mo.

19. (a) 10-28-42 (b) Rose Heyon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 22 day _____
year 1942 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Whirling Propeller

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

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) Accident 131

(b) Date of occurrence October 22, 1942

(c) Where did injury occur? St. Joseph, Buchanan, Mo.
(City or town) (County) (State)

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

Rosecrans Field
While at work Yes (Specify type of place) Whirling Propeller
(e) Means of injury

23. Signature _____ (M. D. or other)

Address Rosecrans Field, Mo. Date signed 10-28-42

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

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.....

Geo. L. Daniels

Licensed Embalmer No 3390 Missouri.....

P. O. Address..... St. Joseph, Missouri......

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.