

FILED JAN - 6 1942
Registration District No. **1**

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 208 Walnut Street 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 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Walnut Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH JACOBI

(b) If veteran, name war none

(c) Social Security No. none

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife _____

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Mabel Dierck

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

14. Maiden name Wm Starkel

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

16. (a) Informant Mrs. M. D. Sweney

(b) Address 208 Walnut Street

17. (a) removal (b) Date thereof 12/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Sylvester Dulle

(b) Address Jefferson City, Mo.

19. (a) 12-26-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 20 to Dec. 24, 1942
that I last saw her alive on Dec. 23, 1942
and ~~her~~ death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Hypertension
Arteriosclerosis
Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

932

Duration _____

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)

(c) Means of injury _____

23. Signature J. A. Osman (M. D. or other) MD
Address Jefferson City, Mo. Date signed 12-26-42

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.....

Sylvester Dull....., Registered Apprentice No.....
working under my personal supervision.

Signed Sylvester Dull.....
Licensed Embalmer No. 4321.....

P. O. Address Jefferson City, 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.