

No. 2
1-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 19 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41187

Registration District No. 179

Primary Registration District No. 5667

Registrar's No.

57
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: LINCOLN

(a) County

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

(c) Name of hospital or institution: OWN Home 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 LIFE.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 57

(a) State MISSOURI (b) County LINCOLN 0

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

(d) Street No. BEDFORD TWP
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME August Gottlieb Jabin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 3 minute P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AMELIA E. SCHAEFER Jabin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 2 1856
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	86	1	2	_____ hr. _____ min.

Immediate cause of death: Coronary Thrombosis

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

9. Birthplace WRIGHT CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER.

11. Industry or business (RETIRED)

12. Name August G. Jabin

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

14. Maiden name HENRIETTA BAUCHE

15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia E. Jabin

(b) Address Troy, Mo.

17. (a) BURIAL (b) Date thereof JAN. 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Mo.

19. (a) Jan 6/43 (b) Mrs. F. Jackson
(Date received local registrar) (Registrar's signature)

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) _____

(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) _____ (e) Means of injury _____

While at work? _____

23. Signature W. H. Hays 3 (M.D. or other)

Address Cherry, Mo. Date signed Jan 4-1943

JAN 19 1943

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.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address..... *Brook 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.