

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2455 ✓

State File No. _____

BUREAU OF THE CENSUS
FILED FEB 10 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Ind. Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da
In this community Buckner 2 yrs 2 mos (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Central Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Perrine Jacobs

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1943 hour 1- minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1942, to _____, 1943.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife if ~~deceased~~ Chester A. Jacobs

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased. April 8 1893
(Month) (Day) (Year)

that I last saw her alive on Jan 10, 1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Polar

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

Due to Pernicious Anemia

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

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

10. Usual occupation Ministers wife

11. Industry or business Christian parsonage

12. Name Mr. Enoch Perrine

13. Birthplace Girard Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Miss Winona Helli

15. Birthplace Girard Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. Chester A. Jacobs

(b) Address Buckner Missouri

17. (a) removal (b) Date thereof Jan. 21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girard Illinois

18. (a) Signature of funeral director Vernon M. Koppert

(b) Address Buckner Missouri

19. (a) Jan. 20/43 (b) James Wilson
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature J. W. Higgins (M. D. or other) D.O.

Address Buckner Mo. Date signed _____

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

MOTHER FATHER

1163

(Licensed Embalmer's Statement on Reverse Side)

Jan. 20/43

JUL 29 1953

FEB 9 1953

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: Vernon M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner

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.