V. S. No. 2
50M—5-42
Rev. 5-17
I X12.13

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9140

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1324

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2013 Madison St (Specify whether
In this community Eight Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2013 Madison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

48
5
8

3. (a) PRINT FULL NAME John Jacobs

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dont Know (Month) About (Day) 1860 (Year)

8. AGE: Years 83 Months Days If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name John Jacobs (Sr)
13. Birthplace Dont Know (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Jane Carson
15. Birthplace Dont Know (City, town, or county) 0 (State or foreign country)

16. (a) Informant Frank Jacobs
(b) Address 1152 Cambridge St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, Appleton & Jones
(b) Address City

19. (a) 3-17-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1943 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 27 1943 to Mar 7 1943 that I last saw him alive on Mar 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cyanosis
Pneumonia

Due to Flu

Due to

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Date signed Mar 9, 1943

(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 C. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City

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.