

FILED APR 8 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 83

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1501 Windsor St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1501 Windsor
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME RUSSELL LEVI JACOBS
 3. (b) If veteran, name war None
 3. (c) Social Security No. 490-07-3326

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 27
 year 1943 hour 6:00 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Laura Margaret Jacobs
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased 1 - 17 - 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10th 1943 to Mar 26 1943
 that I last saw him live on heard 26 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>2</u>	<u>11</u>hr.min.

Immediate cause of death chronic glomerular nephritis
 Due to chronic glomerular nephritis
 Due to chronic myocarditis

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Oil Distributor

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Elmer Jacobs
 13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ona Moss Cook
 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 131 R
 Of autopsy 131 R

16. (a) Informant Mrs. Russell Jacobs
 (b) Address Columbia, Mo.
 17. (a) Burial (b) Date thereof 3-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Locust Grove Cemetery

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 at home (Specify type of place)
 (a) Means of injury fall

18. (a) Signature of funeral director Parker Funeral Home
 (b) Address Columbia, Mo.
 19. (a) 3-30-43 (b) E. John H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address Columbia, Mo. Date signed 3/30/43

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APR 8 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 *M. W. Philivides*
Licensed Embalmer No. *3893*
P. O. Address *Columbus*

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.