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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10621**

FILED APR 14 1943
Registration District No. **163**

Primary Registration District No. **5596**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
Route 1 DeSoto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 75 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **50**

(a) State Missouri (b) County Jefferson

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

(d) Street No. Route 1 DeSoto
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JACOB B. KOBEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Viola Miller

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept. 12, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace Valle Mines No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Frederick Miller

13. Birthplace Valle Mines No. 0
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Reynolds

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. Kobel

(b) Address Route 1, DeSoto, Mo.

17. (a) Burial (b) Date thereof March 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Cemetery, DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 3-6-43 (b) Sem Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1943 hour 11:00 minute 40 P. M.

21. I hereby certify that I attended the deceased from Corner Westgate, 1943, that I last saw him alive on, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death acute pericarditis with effusion

Due to 90%

Due to

Other conditions Acute decompensation of heart, endocarditis + myocarditis

Major findings: Of operations

Of autopsy as above - acute pericarditis with effusion

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?

23. Signature Stallan (M. D. or other)

Address Corner Jefferson Co. Mo. Date signed 3/6/43

Duration Unknown

PHYSICIAN Unknown

Underline the cause to which death should be charged statistically.

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

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(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 *J. E. Motherhead*

Licensed Embalmer No. *3531*

P. O. Address *St. Louis 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.