

FILED MAY 12 1943

Registration District No. 150

Primary Registration District No. 5672

Registrar's No. 52

1. PLACE OF DEATH:

(c) County Jackson Prairie
 (b) City or town Rural
 (c) Name of hospital or institution: Jackson County Home for Aged
 (If not in hospital or institution, file street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 3 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Rural Prairie Inwp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jackson Co. Home
 (If rural, give location)
 (e) Citizen of foreign country? ? (Yes or No)
 If yes, name country ?

3. (a) PRINT FULL NAME Jacob Jobler
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
 year 1943 hour 3:10 minute P. M.

4. Sex M 5. Color or face W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased 2-11-69
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/23 1943 to 4/26 1943
 that I last saw h. ? alive on 4/26 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 2 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Mitral regurgitation
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Duration _____

9. Birthplace Switzerland 5
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business ?
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Records J.C. Home
 (b) Address Little Blue, Mo.
 17. (a) Removal (b) Date thereof 4-28-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hope Kan
 18. (a) Signature of funeral director H. B. Langford
 (b) Address See Summit
 19. (a) April 22, 1943 (b) J.M. Schick
 (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) (c) Means of injury _____
 23. Signature J. H. Greene (M. D. or other) _____
 Address Independence, Mo. Date signed 4/27/43

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

MOTHER FATHER

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.....

N. B. Langeford

Licensed Embalmer No.....

3833

P. O. Address.....

Leis Summit

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.