

MAY 10 1943

Registration District No. 560

Primary Registration District No. 6225

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp. no 3. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. 8 mo. 13 days
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME RUSSELL R. JACOBS

3. (b) If veteran, name war. _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 19 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Ash Grove, Greene Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Walter J. Jacobs
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Lula Rowland
15. Birthplace Missouri (City, town or county) (State or foreign country)

16. (a) Informant Hospital Records.
(b) Address Nevada mo

17. (a) Quins (b) Date thereof 4-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Mo.

18. (a) Signature of funeral director Gene A. Brown
(b) Address Ash Grove, Mo.

19. (a) 4-27-43 (b) Ernest B. Beuwick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1943 hour 9.30 a.m. M.
21. I hereby certify that I attended the deceased from Feb. 1 - 1943
19____ to April 27 1943.
that I last saw him alive on April 26 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 R. B. Pester (M. D. or other M.D.)
Address Nevada mo. Date signed 4-27-43

13 f 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 4-43-190
Date Filed 5-7-43

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 Gene A. Berman
Licensed Embalmer No. 7664
P. O. Address W. Brown St.

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.