

LED AUG 6 1943 149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3191

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether
In this community 5 yrs.
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. 614 1/2 Independence
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Jacobs

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

4. Sex male 5. Color W
6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife
6. (c) Age of husband or wife if

7. Birth date of deceased Feb 23 - 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days 10
If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Albert Jacobs

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Weddel

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

16. (a) Informant Recard Clark

(b) Address 117 E. Gen. Supt

17. (a) Removal (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo Church. Dickie

18. (a) Signature of funeral director Liberty MO
(b) Address 2-21-43

19. (a) 2-21-43 (b) V.P.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 10 1943 to July 3 1943
that I last saw h. im alive on July 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death nephrosis
pneumococic pericarditis

Due to 133 1/2

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

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

23. Signature Dwight P. Shaver (M. D. or other)
Address MO Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.