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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25739

Registration District No. 274 Primary Registration District No. 5936 Registrar's No. 231

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town RURAL, 3 MI. E. SMITHTON, MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE / Smithton, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether In this community 1 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80 0

(c) City or town SMITHTON 0 (If outside city or town limits, write "RURAL")

(d) Street No. NO NUMBER (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country XXXX

3. (a) PRINT FULL NAME ROLLA ALBIN JACOBY

3. (b) If veteran, name war WORLDWAR #1

3. (c) Social Security No. 702-14-4769

4. Sex MALE

5. Color or race CAUC 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife EULA JACOBY

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased DEC (Month) 9 (Day) 1894 (Year)

8. AGE: Years 48 Months 6 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Johnson Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRACK FOREMAN

11. Industry or business RAILROAD

FATHER
12. Name WM DANIELS JACOBY
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name AURETA ALBIN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant EULA JACOBY

(b) Address SMITHTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/20/43 (Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN, MO

18. (a) Signature of funeral director CANADAY AND ROPP

(b) Address HOLDEN MISSOURI

19. (a) 7/20/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 16TH year 1943 hour 7 minute 23 A. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death HEAD CRUSHED. | Duration

Due to COLLISSION WITH MISSOURI PACIFIC EXTRA TRAIN No. 15.

Due to

Other conditions BODY COMPLETELY CRUSHED. (Include pregnancy within 6 months of death)

Major findings:
Of operations 169-6
Of autopsy 30

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) ACCIDENT 080

(b) Date of occurrence 7/16/43

(c) Where did injury occur? 3 MI. E. SMITHTON, MO. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO. PAC. R.R. TRACK (Specify type of place)

While at work? YES (e) Means of injury

23. Signature L. E. Buchanan (M.D. or other) Coroner

Address Versailles MO Date signed 7-16-43

1422 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-3-43

AUG 4 1943

AUG 11 1943

AUG 5 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 Lewis Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.