

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
542 College St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 15 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 542 College St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Andrew J. Jaco

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Jaco 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 2 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 23 hr. min.

9. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Dave Jaco
13. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Christina Simpson
15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Jaco

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 43
(Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cemetery

18. (a) Signature of funeral director Seabaugh Funeral Home

(b) Address Cape Girardeau, Mo.

19. (a) 8-26-43 (Date received local registrar) (b) P. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1943 hour 2 minut 30 a.m.

21. I hereby certify that I attended the deceased from June 12, 1943, to Aug 25, 1943
that I last saw him alive on Aug 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterial Sclerosis
Due to hardening of arteries from Rheumatism
Due to

Duration
2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 99
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 A. E. Dalton (M. D. or other)
Address Cape Girardeau Mo. Date signed 8-26-43

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

16
1
4

Public Health Officer No. 4
District File Number 943-2739
Date Filed 9-9-43

Handwritten notes:
A-56
B-11
C-11
D-11
E-11
F-11
G-11
H-11
I-11
J-11
K-11
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M-11
N-11
O-11
P-11
Q-11
R-11
S-11
T-11
U-11
V-11
W-11
X-11
Y-11
Z-11

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 Lynne Steele
Licensed Embalmer No. 2476
P. O. Address Cape Girardeau 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.