

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Fishersville
(c) Name of hospital or institution Grum Smith
(d) Length of stay: In hospital or institution 8 weeks
In this community Forty two years

3. (a) PRINT FULL NAME John Christian Jacis

3. (b) If veteran name was _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w. 6. (a) Single, (widowed) married, divorced w

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive no. years

7. Birth date of deceased Jan 21 1852

8. AGE: Years 91 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Rockfield Indiana

10. Usual occupation Retired

11. Industry or business Tanner's stockman

12. Name David Todd Jacis

13. Birthplace Penn 1

14. Maiden name Ella Sellers

15. Birthplace Penn 1

16. (a) Informant Mrs W.A. Mitchell

(b) Address Fishersville mo

17. (a) Burial (b) Date thereof 11-4-43

(c) Place: burial or cremation Linville, Edina

18. (a) Signature of funeral director Sumner Powell

(b) Address Fishersville mo

19. (a) 11/3/43 (b) Mrs J.H. Wayne

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Adair 1
(c) City or town Fishersville 3
(d) Street No. 1109 8. High 3
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1943 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept 8 1943, to Nov 1st 1943,
that I last saw him alive on Nov 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Senile changes (atherosclerosis) & fracture of hip

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) Accident (indirectly)

(b) Date of occurrence Sept 8, 1943

(c) Where did injury occur? Fishersville Adair mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home -

While at work? no. (Specify type of place) _____ (e) Means of injury Fall

23. Signature George E. Grum (M. D. or other) MD
Address Fishersville, Missouri Date signed 11-3-43

Duration 22 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File NOV 16 1943 11-431863

Date Filed _____

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tricksville, 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.