

FILED JAN 5 1944

Registration District No. 100

Primary Registration District No. 5392

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Went

(b) City or town Amnett Rural withins sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Went ³³

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

(d) Street No. Rural withins sup
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charlie Sydney Jaques

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1943 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 6-10-40
to 12-16, 1943
that I last saw him alive on Dec. 16, 1943
and that death occurred on the date and hour stated above.

5. Color or race W W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Jaques

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

7. Birth date of deceased Sept 16, 1857
(Month) (Day) (Year)

Immediate cause of death Prostatitis

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Farmer Retd

Other conditions (Include pregnancy within 3 months of death) 137a

MOTHER FATHER

11. Industry or business _____

12. Name Geo W. Jaques

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

14. Maiden name Eva Margaret

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

Major findings:

Of operations _____

Of autopsy _____

16. (a) Informant Miss Melie Jaques

(b) Address St Louis Mo

17. (a) Rural
(Burial, cremation, or removal)

(b) Date thereof Dec 19 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Amnett Cem

18. (a) Signature of funeral director W. J. Allen

(b) Address St Louis Mo

19. (a) 12/19/43
(Date received local registrar)

(b) Geo W. Jaques
(Registrar's signature)

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 W. J. Allen (M. D. or other)

Address St Louis Mo Date signed 12/19/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

73
0
0

1177

RECEIVED

District Health Officer No. 5,

District File Number

1441

Date Filed

1-7-44

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. H. P. Embalmers,
S. B. Jones

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.

Registration District No. 100

Primary Registration District No. 5392

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Went

(b) City or town Rural Waterloo Sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charlie S. Jaques

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 16 1885
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day _____
Year 1943 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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 A. Sidney McFarlane (M. D. or other) M. D.
Address Rolla, Mo. Date signed _____

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-42148