

FILED DEC 16 1943

Registration District No. 756 300 Primary Registration District No. 44546050 Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Portage Township  
(If outside city or town limits write "RURAL" and name of township)

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

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

In this community Lifetime (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. West Altam, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Jacobs

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1943 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 1st  
1943, to Nov 5 1943  
that I last saw him alive on Nov 4th 1943  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary (Buchner) Jacobs 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 18 1863  
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 4 days

Due to Arterio Sclerosis 10 years

8. AGE: Years Months Days If less than one day

80 7 17 hr. min.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Portage Des Sioux, Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Truck Farming

11. Industry or business \_\_\_\_\_

12. Name John Jacobs

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

14. Maiden name Mary Mestz

15. Birthplace Portage Des Sioux, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Jacobs

(b) Address West Altam, Mo.

17. (a) Rural (b) Date thereof Nov 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Inmaculate Conception

18. (a) Signature of funeral director H.C. Dallen

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) Nov 10/1943 Rose Barnard  
(Date received from registrar) (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? \_\_\_\_\_

23. Signature C.A. Barnard (M. D. or other) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
Address Portage Des Sioux Date signed Nov 10/43

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

72  
a  
j

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**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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address # Charles Ma

**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.**