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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No. 115

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5433

State File No. 2750

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town ~~Washington (Rural) Union Twnshp.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None. / Washington, Mo. R. #2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington. "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. #2. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Sophia Anna Mary Jacobs.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~xxxx~~ John G. Jacobs.

6. (c) Age of husband ~~xxxx~~ if alive 68 years

7. Birth date of deceased April (Month) 15th. (Day) 1871. (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	16	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business x

FATHER
12. Name George D. Huether. 4
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Anna Marie Tieman. 4
15. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

16. (a) Informant John G. Jacobs
(b) Address Washington, Mo. R. #2.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt Inc.
(b) Address Washington, Mo.

19. (a) 1-4-44 (Date received local registrar) (b) Conrad A Rieger (Registrar's signature)

1119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st, year 1944 hour 11:00 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1943 to Jan 1, 1944 that I last saw her alive on Dec 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — Duration Dont know

Due to

46 f

Due to

Other conditions chronic myocarditis coronary disease (Include pregnancy within 3 months of death) — Dont know

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. R. Cutler M.D. (M. D. or other)
Address Washington Mo Date signed 1-3-44

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1944

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~~ Lester H. Vett, ~~Registered Apprentice No.~~, working under my personal supervision.

Signed Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, 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.