

FILED APR 6 1944

Registration District No. 3040 Primary Registration District No. 3040 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
1021 Monroe Street /  
(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..... 81 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

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

(d) Street No..... 1021 Monroe Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Oliver Perry Jacobs

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

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

7. Birth date of deceased..... Oct. 26 1849  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>5</u>	<u>28</u>	hr. min.

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

10. Usual occupation..... Farmer

11. Industry or business..... Farming

12. Name..... John Jacobs

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

14. Maiden name..... Hanna Hawk

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

16. (a) Informant..... Frank Jacobs

(b) Address..... Chillicothe, Missouri.

17. (a) Burial (b) Date thereof..... 3-27-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Stucker Cemetery

18. (a) Signature of funeral director..... F. B. Norman Co.

(b) Address..... Chillicothe, Missouri.

19. (a) March 27 (b) Lois ELLA CURRY  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th.  
year 1944 hour 12:50 minute P: M.

21. I hereby certify that I attended the deceased from 1939, 19 37 to 24 1944  
that I last saw him live on March - 20 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Vascular Hypertension  
Due to Valvular Disease of Heart

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 92d

Of autopsy none

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..... Reuben Jarney (M.D. or coroner)  
Address..... Chillicothe MO Date signed..... 3-25-1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

59  
1  
2

**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.....

E. R. Norman....., Registered Apprentice No.....,  
working under my personal supervision.

Signed ER Norman.....

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, Missouri.

**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.**