

FILED MAY 26 1944

Registration District No. 1005

Primary Registration District No. 1005

Registrar's No. 499

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2229 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 yrs (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mattie Marie Jacobson

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

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

6. (b) Name of husband or wife J. P. 6. (c) Age of husband or wife if alive, years —

7. Birth date of deceased Mar 12 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business —

12. Name Unknown

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

14. Maiden name Mattie

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

16. (a) Informant Alma Doherty

(b) Address St Joseph, Mo

17. (a) Burial (b) Date thereof 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 5/12/44 (b) Mrs Helen J. Pickett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph // (If outside city or town limits, write "RURAL")
(d) Street No. 2229 Jackson / (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 7
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 8 minute — P.M.

21. I hereby certify that I attended the deceased April 22-44 to May 10 - 1944

that I last saw h. alive on May 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration —

Due to hypertension

Direct cause of death Coronary Arteriosclerosis General

Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations — 93d

Of autopsy —

22. If death was due to external causes, fill in the following:

(c) 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 C. E. Dinsman (M. D. or other) —
Address 150 Franklin St. Date signed 5/14/44

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

7823

1377

(Licensed Embalmer's Statement on Reverse Side)

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

Robert H. Gaph

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, 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.