

FILED JUL 8 1944

Primary Registration District No. 3010

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 Day
In this community 3 1/2 years - 1 day
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Alexander
(c) City or town McClure 999
(If outside city or town limits, write "RURAL")
(d) Street No. General Del. 10
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY CHRISTINE Jacobs

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 Married
6. (b) Name of husband or wife Curtis Jacobs 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased See 75 - 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 16 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Marjorie Blaylock
13. Birthplace Jackson County, See
(City, town, or county) (State or foreign country)
14. Maiden name Ellie Vincent
15. Birthplace Alexander Co, See
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis Jacobs
(b) Address McClure, See

17. (a) Burial (b) Date thereof 6-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Cemetery

18. (a) Signature of funeral director R. Wallace
(b) Address Cape Girardeau Mo

19. (a) 6-21-44 (b) W. H. Phelps
(Date received final registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1944 hour 3 minute NA M.
21. I hereby certify that I attended the deceased from June 9
to June 10, 1944, to June 10, 1944
that I last saw her alive on June 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Infected Ulcers
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/10

Major findings: _____
Of operations _____
Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. W. Berry (M. D. or other) _____
Address 904 Chandler Dr Date signed 6-20-44

RECEIVED

District Health Officer No. 4
District File Number 244-404
Date Filed 7-7-44

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. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Sic 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.