

FILED MAR 12 1945

State File No. 6935

Registration District No. 294

Primary Registration District No. 3156

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Woodland Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 days
(Specify whether (If out in hospital or institution, write street number of location))

In this community JACAUOT
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EUGEN ROSE JACAUOT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 of 1945
year 1945 hour 10:00 AM minute _____ M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JUNE 8 - 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 17 1945 to Feb. 19 1945;
that I last saw her alive on Feb. 19 1945
and that death occurred on the date, and hour stated above.

8. AGE: Years 50 Months 8 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Supravaginal amputation of uterus with shock

Due to Multiple fibroids of uterus

Duration Year or so

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

Other conditions 566
(Include pregnancy within 3 months of death)

10. Usual occupation clerk

11. Industry or business Ladies Ready to wear

12. Name Joseph Jacquot

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

14. Maiden name Clara Muller

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

Major findings: Supravaginal amputation of uterus with shock

Of operations _____

Of autopsy 1

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Francis Jacquot

(b) Address Brunswick Mo.

17. (a) Buried (b) Date thereof 2-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo.

18. (a) Signature of funeral director L. M. Mason

(b) Address Brunswick Mo.

19. (a) 9-21-45 (b) Irma Hall
(Date received local 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? X _____
(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 R.D. Street (M. D. or other) M.D.
Address Moberly, Mo. Date signed Feb. 19 1945

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-45-515

Date Filed MAR 9 1945

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.....

L. J. Weisul

Licensed Embalmer No. 822

P. O. Address Brunswick, N.

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.