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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8642**
Registrar's No. **923**

Registration District No. **149** Primary Registration District No. **1002**

18
33
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brescia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn **58**
(c) City or town Rural **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. Brookfield Mo.
(If rural, give location)
(e) Citizen of foreign country? no **1** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Louis Jacobi
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25
year 1945 hour 9 minute 00 P.
21. I hereby certify that I attended the deceased from
30 1945 to Jan 25 1945;
that I last saw him alive on Feb 25 1945
and that death occurred on the date and hour stated above.

4. Sex M **5. Color or race** white
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Rosalie Jacobi
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec - 25 - 1884
(Month) (Day) (Year)

Immediate cause of death Post operative paralytic ileus **2 day**
Calciumoma of Rectum **1 year**
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 2 Days 4
If less than one day hr. min.

Major findings: As above
Of operations
Of autopsy Same
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Catherine Mo. Linn County
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Charles Jacobi
13. Birthplace Germania
(City, town, or county) (State or foreign country)
14. Maiden name Christina Neffinger
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Rosalie Jacobi

(b) Address Brookfield Mo.

17. (a) Burial (Burial, cremation, or removal) Brookfield Mo.
(b) Date thereof 2-26-45
(Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Mrs. P. Forster

(b) Address 918 Brooklyn

19. (a) 2-26-45 (Date received local registrar) **(b) D. E. Brown** (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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature H. B. Allebury (M. D. or other) **2-25-45**
Address Kansas City Mo. Date signed

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.....

J. H. Henrich

Licensed Embalmer No. *3549*

P. O. Address *PCMO*

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.