

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space

FILED JAN 5 1946

1. PLACE OF DEATH

County Gasconade
Township _____
City Hermann (No. _____)

Registration District No. 119
Primary Registration District No. 4193

File No. 41152
Registered No. 29
St. _____ Ward _____

2. FULL NAME EMIL JACQUIN

(a) Residence, No. (non-resident) St. _____ Ward Morrison, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 24, 1859</u>					
7. AGE YEARS <u>86</u>		MONTHS <u>4</u>		DAYS <u>3</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>saw mill, etc</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>					
13. NAME <u>Pierre Jacquin</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>					
15. MAIDEN NAME <u>Mary Huot</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>					
17. INFORMANT <u>Mrs. Phillip Bauer</u> (ADDRESS) <u>Hermann, Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Morrison, Mo</u> DATE <u>12-29</u> 19 <u>45</u>					
19. UNDERTAKER <u>Hugo H. Blumer</u> (ADDRESS) <u>Hermann, Mo</u>					
20. FILED <u>12/28</u> 19 <u>45</u> <u>B. H. H. H. H. H.</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27- 1945-

22. I HEREBY CERTIFY, That I attended deceased from 12-10- 1945, to 12-26- 1945.
I last saw him.. alive on 12-26- 1945. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Branchial Pneumonia Date of onset _____

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify _____
(Signed) Howard H. H. H., M. D.
(Address) Hermann Mo

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-46

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.

Signed

Hugo H. Oliver

Licensed Embalmer No. 3160

P. O. Address

Herriman Mo.