

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28058

FILED AUG 27 1946

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Perry
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Rhuby Helen Jacob

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th,
year 1946 hour 2:15 minute A. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John A. Jacob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March, 19, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1946 to Aug 12, 1946
that I last saw her alive on Aug 12, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>4</u>	<u>23</u>	_____ hr. _____ min.

Immediate cause of death Pancreas thrombosis at home

Due to Arteriosclerosis embolism

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

10. Usual occupation Housework

11. Industry or business Home

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name James S. Tenney

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

14. Maiden name Hattie Bailey

15. Birthplace Sugar Island, Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Krigbaum

(b) Address Perry, Missouri

17. (a) Removal (b) Date thereof Aug. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place of burial or cremation Chobanse, Illinois

18. (a) Signature of funeral director Clyde W. Wiley

(b) Address Perry, Missouri

19. (a) 8/16/46 (b) Clyde W. Wiley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John E. Brown (M. D. or _____)

Address Perry, Mo. Date signed 8/16/46

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

2003

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(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1948

RECEIVED
District Health Officer No. 10
District File Number 8-46-1615
Date Recd -- AUG-26-1946

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, ~~by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Charles Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.