

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED AUG 20 1947
Registration District No. **294**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: 110 Thompson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jasper F. Jacobs

3. (b) If veteran, name war

3. (c) Social Security No. _____

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Georgia

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

7. Birth date of deceased Oct 2nd 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Ret

11. Industry or business _____

12. Name Scott Jacobs

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

14. Maiden name Susan Barkwell

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

16. (a) Informant Mrs Georgia Jacobs

(b) Address Moberly Mo

17. (a) Burial Funeral **(b) Date thereof** 8-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Moberly Mo

(b) Address _____

19. (a) Aug 13-47 **(b) Seal William Low**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 110 Thompson
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1947 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 10 1947
to Aug 11 1947

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Sepulchry

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 [Signature] **(M. D. or other)** _____

Address Moberly Mo **Date signed** 8-13-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 8-42-1063
Date Filed **AUG 19 1947**

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 Frank D. DeWitt

Licensed Embalmer No. 3821

P. O. Address Moberly 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.