

FILED JAN 14 1948

State File No. _____

Registration District No. 382

Primary Registration District No. 5655

Registrar's No. 178

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: M.S.S. O.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lawrence
 (c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Paul Stebler Jacques
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-12-1105

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 21 year 1947 hour about 6 minute 30 p. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw h _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex Male 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

Immediate cause of death The Coroners Jury finds this man came to his death by accidental discharge of rifle he was carrying up or down at the side of dairy barn at Mt Vernon Kentucky

7. Birth date of deceased: Jan 14 1909
(Month) (Day) (Year)

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

8. AGE: Years 38 Months 11 Days 7 If less than one day _____ hr. _____ min.
 9. Birthplace Stotts City Mo
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation Dairy Herdsman
 11. Industry or business _____
 12. Name Jules Newman Jacques
 13. Birthplace Long Island New York
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Belle Thomas
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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

16. (a) Informant Russell Jacques
 (b) Address Mt Vernon Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Dec 21-1947
 (c) Where did injury occur? Mt Vernon Mo
(City or town) (County) (State)

17. (a) Burial (b) Date thereof Dec 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cemetery Stotts

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Dairy Barn at Sanitorium
(Specify type of place)
 While at work? No (e) Means of injury 22 Rifle

18. (a) Signature of funeral director H. D. Tolock
 (b) Address Mt Vernon Mo.
 19. (a) 1-3-48 (b) H. H. Hilbrich
(Date received local registrar) (Registrar's signature)

23. Signature Herman Hurridge
(Physician or other)
 Address Marionville Mo Date signed 12/24/47

RECEIVED

District Health Officer No. 6;

District File Number 148-21

Date Filed FEB 12 1948

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.....
By me
working under my personal supervision.

Signed Max L. Fossett

License of Embalmer No. 4252

P. O. Address M. Vernon, 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.