

FILED MAY 16 1948

Registration District No. 43

Primary Registration District No. 5135

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Brookings Mo. R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ASH H.L. Twp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME WILL. M. GACOBBS
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-302962

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 18 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 28 hr. _____ min.

9. Birthplace Smithville Ky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Stokely Jacobs
13. Birthplace _____ Ky
(City, town, or county) (State or foreign country)
14. Maiden name Liza Fernal
15. Birthplace _____ Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Burrell
(b) Address Brookings Mo. R.
17. (a) Brown Chapel Date thereof 12/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookings Mo. R.
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 4-28-48 (b) A. D. Murrell
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Brookings
(If outside city or town limits, write "RURAL") 12
(d) Street No. RT 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 47 hour _____ minute 15
21. I hereby certify that I attended the deceased from 12/13/47 to 19, 1947
that I last saw him alive on 12/13 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 46
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 0
23. Signature Dr. J. P. Ruckel (M. D. or other) MD
Address Campbell, Mo Date signed _____

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

MOTHER FATHER

Dr. R. R. R. R. R.
Council

RECEIVED

District Health Office No.

District File Number *548-57*

Date Filed *5-5-48*

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..... *W. T. Emerson*.....

Licensed Embalmer No.....

P. O. Address..... *.....*.....

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.