S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2090

FILED JAN 22 1948

Registration District No. 294 — Primary Registration District No. 3056 — Registrar's No. 13

88
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 Brinkerhoff
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Brinkerhoff 3
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Jacob P Jacobson
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 Amanda
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 9th (Day) 1862 (Year)

8. AGE: Years 85 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Denmark 4 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business .....
FATHER
12. Name Peter Jacobson
13. Birthplace Denmark 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Amanda Jacobson
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Jan 16-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 71.9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 15 1948 that I last saw ~~him~~ alive on Jan 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 min
Due to: Ch. Myocarditis hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature H. Griffith (M. D. or other)
Address Moberly Date signed 1/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-110
Date Filed JAN 19 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. ....., working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

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.