No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 142651

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1510

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1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: K. C. General Hosp. #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Days (Specify whether

In this community: 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1315 Charlotte Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country:

3. (a) PRINT FULL NAME: John R Jacobs

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Unknown (Month) (Day) 1886 (Year)

8. AGE: Years 62 Months ? Days ? If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Henry Jacobs
13. Birthplace: Indiana (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Rose Milten
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: William Jacobs
(b) Address: 1110 Topping: K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Calvary: K. C. Kan.

18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri

19. (a) 4-6-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1948 hour 10:00 minute a M.

21. I hereby certify that I attended the deceased from Crown, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diffuse subarachnoid hemorrhage	
Ruptured spleen	
Due to: Severe cirrhosis of liver	
Fracture of left femur & fibula	
Due to:	
Other conditions (Include pregnancy within 3 months of death): (Auto + pedestrian)	
Major findings: Of operations: T.P.C.	
Of autopsy: yes — as above	

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): accident

(b) Date of occurrence: 3-12-48 12:3

(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury: Auto - Trauma

23. Signature: James Walker M.D. (M. D. or other) Coroner

Address: 1424 Argyle Bldg Date signed: 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.