. S. No. 2
DM—1/47
ev. 5-17-39

64
3
4

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13362

FILED MAY 11 1948

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 152

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Day Hospl (Specify whether
In this community 4 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Monroe City R. 1 (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Maude Jacobs
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John C. Jacobs
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March (Month) 15 (Day) 1884 (Year)

8. AGE: Years 64 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Monroe City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Rama Francis Stoddard
13. Birthplace Bush Nell (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Mary Ella Burditt
15. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John C. Jacobs
(b) Address La Grange Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery Palmyra Mo
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo
19. (a) 5-5-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 30, 1948 to May 2, 1948 that I last saw her alive on May 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to Secondary Anemia	1 year
Due to Chronic Mal-nutrition	10 years
Other conditions (Include pregnancy within 3 months of death) Chronic invalid from Arthritis	28 years

Major findings:
Of operations
Of autopsy 108

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

23. Signature [signature] (M. D. or other) M.D.
Address Monroe City Mo Date signed 5/4/48

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 Charles U. Greening, Registered Apprentice No. 214, working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Mount City 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.