

No. 2  
5-43  
17-39  
336671

**FILED MAY 24 1948**

Registration District No. **44**

Primary Registration District No. **4061**

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

1. PLACE OF DEATH:

(a) County **Caldwell**  
(b) City or town **Braymer,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20yrs** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell**  
(c) City or town **Braymer, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**130000**

3. (a) PRINT FULL NAME **Maggie 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 **single**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **march 14th, 1870**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lawrence County, Ind**  
(City, town, or county) (State or foreign country)

10. Usual occupation **domestic**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **George Jacobs**  
13. Birthplace **Unknown Ind.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Cambron**  
15. Birthplace **Unknown Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Wilkerson**

(b) Address **Braymer, Mo**

17. (a) **Burial** (b) Date thereof **4-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Braymer Evergreen Cem.**

18. (a) Signature of funeral director **Bernard F. Mead**

(b) Address **Braymer, MO**

19. (a) **5-19-48** (b) **Mrs. Nell B Jones**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**  
year **1948** hour **2** minute **55** a. M.

21. I hereby certify that I attended the deceased from **Mar 5**, 19**45**, to **Apr 18**, 19**48**,  
that I last saw her alive on **Apr 14**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Injury to spine & fractured hip followed by Hypostatic pneumonia**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
Of operations \_\_\_\_\_  
Of autopsy **1567 1818**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **13**  
(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 **Henry H. Patterson** (M. D. or other **M.D.**)

Address **Braymer, Mo** Date signed **Apr 19 48**

ADDITIONAL STEP CERTIFICATE INFORMATION REQUESTED PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICER  
Cameron, Mo.

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.....

*Dennard F. Mead*

Licensed Embalmer No. 2801.....

P. O. Address: Braymer, 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.

State File No. June  
Registrar's No. YB

Registration District No. 44

Primary Registration District No. 4061

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Braymer  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or locality)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME

Maggie Jacob

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased March 14 1945  
(Month) (Day) (Year)

8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ (Less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death Accidental injury  
falling on porch steps at home  
near 1-1945. Fracture hip at  
joint, in town of Braymer Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Henry Patterson, M.D. (M. D. or other) \_\_\_\_\_

Address Braymer Mo. Date signed May 27 1948

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-15578