U. S. No. 2
OM—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 25 1948

Registration District No. 53-7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 53-87

State File No. 16762

Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: rural --- Preston township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 114 Lincoln St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: MARCELLUS J. JACOBS
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mary Jane Jacobs
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: April (Month) 27 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: No. Manchester (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: farmer & stock buyer
11. Industry or business: self
FATHER
12. Name: Jacob Marion Jacobs
13. Birthplace: unknown (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name: Mary L. Shanafield
15. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: W. M. Jacobs
(b) Address: Route 2, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri.
19. (a) 5-12-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 1 minute 25 p.m.
21. I hereby certify that I attended the deceased from 5/9/47, 19__, to 5/9/48, 19__; that I last saw him alive on 5/7/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	4 yrs
Chronic Myocarditis	
Due to	
Due to	
Other conditions: none (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
23. Signature: M. Foster Whitten (M.D. or other)
Address: 338 Grant St. Carthage Mo. Date signed: 5/11/48

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

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

48-5-388

JUL 26 1949

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.