S. No. 2
I—1/47
5-17-39

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. 2356

FILED AUG 2 1948

Registration District No. 9

Primary Registration District No. 3043

Registrar's No. 236

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 St. Elizabeth Hospital U
(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 Marion 6
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 Gordon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or
If yes, name country ---

3. (a) PRINT FULL NAME FERDINAND H. JACOBI
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 Clara Jacobi
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November (Month) 1 (Day) 1885 (Year)

8. AGE: Years 62 Months 8 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation Salesman
11. Industry or business Hafner Grocery Co.
FATHER
12. Name William Jacobi
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Diemer
15. Birthplace Missouri (City, town, or county) (State or foreign country) U
16. (a) Informant Mrs. Clara Jacobi
(b) Address 1911 Gordon, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Mo Catholic Church
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) 7-27-48 (Date received local registrar) (b) D E M Luche (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 1 minute - p.
21. I hereby certify that I attended the deceased from 7-22, 1948, to 7-24, 19
that I last saw him alive on 7-23, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarct — Durat 3 da
Due to Coronary Thrombosis — 3 da
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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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) (St
(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 V L Green (M. D. or other)
Address Hannibal Mo Date signed 7-26-

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.....,

king under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hamilton, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.