

No. 300
-10-47
5-17-39
I 3906

FILED AUG 19 1948-7
Registration District No. _____

Primary Registration District No. 3028

19
1
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town CARTHAGE
(c) Name of hospital or institution: MCCUNE-BROOKS HOSPITAL
(d) Length of stay: In hospital or institution 2 Weeks
In this community 2 Weeks

3: (a) PRINT FULL NAME ADELINE ANNA 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 WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 9 1858

8. AGE: Years Months Days If less than one day
90 2 0 hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business _____

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Charles Graber

(b) Address 2401 Adele, Joplin, Mo

17. (a) Burial (b) Date thereof 8-12-48

(c) Place: burial or cremation Fairview, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 8-11-48 (b) B. Clinton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2401 Adele
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 9
year 1948 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Aug 1 1948
to Aug 9 1948
that I last saw her Aug 9
and that death occurred on the date and hour stated above.

Immediate cause of death measles

Due to ant fall off up step
Jail + Brake trip

Other conditions 18/10
10/18

Major findings: X-Ray + Hsp in ear
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 Lee's Car Wash / Home

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Dr. G. + Cash at Mrs.

While at work? Yes (Specify type of place) (c) Means of injury _____

22. Signature T. B. Blahut (M. D. or other) _____

Address Carthage Date signed 8-11-48

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address. Joplin 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.