

FILED AUG 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27330

BIRTH NO. 124 REG. DIST. NO. 16-3 PRIMARY REG. DIST. NO. 52-93 Registrar's No. 32

1. PLACE OF DEATH  
a. COUNTY JEFFERSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL P.2 PLATTIN TWP  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION STONEYCREST HAVEN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE KENTUCKY b. COUNTY KENTON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COVINGTON K.Y. 8160  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) GEORGE b. (Middle) c. (Last) JAKOBE

4. DATE OF DEATH (Month) (Day) (Year) AUG 13 1950

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG 2 1866

9. AGE (In years last birthday) 84

IF UNDER 1 YEAR Months 0 Days 11 IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCOMOTIVE ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) LATONA KY

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH JAKOBE

13b. MOTHER'S MAIDEN NAME WENA UNKNOWN

14. NAME OF HUSBAND OR WIFE IDA JAKOBE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN UNKNOWN

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY JAKOBE BONNETERRE MO.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary artery disease  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Terminal cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH 6 mos  
177X  
10 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949 to 8-13, 1950, that I last saw the deceased alive on 8-13, 1950 and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE R. H. ... M.D.

23b. ADDRESS 205 8th St. ...

23c. DATE SIGNED 8-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE AUG 14 1950

24c. NAME OF CEMETERY OR CREMATORY SPRING GROVE CEMETERY

24d. LOCATION (City, town, or county) (State) CINCINNATI OHIO

DATE REC'D BY LOCAL REG. 8-14-50

REGISTRAR'S SIGNATURE Marie ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benjamin ...

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

JEFFERSON COUNTY  
HILLSBORO, N. C.

DATE RECEIVED 8-21-50

AUG 25 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence J. Laywell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3667

P. O. Address *Bonne Terre*

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.

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