

FILED MAY 13 1946

Registration District No. 137

Primary Registration District No. 4217

Registrar's No. 85

1. PLACE OF DEATH

(a) County Henry
(b) City or town Urich
(c) Name of hospital or institution:
on Urich no street #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Urich 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? ✓ No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oliver S. Jacobs

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

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Jacobs 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) 4 (Day) 28 (Year) 1875

8. AGE: Years 70 Months 11 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John B Jacobs

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

14. Maiden name Annie

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

16. (a) Informant Maggie Jacobs (b) Address Urich Mo

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 4 20 46 (Month) (Day) (Year)
(c) Place: burial or cremation Urich Moore

18. (a) Signature of funeral director Fred Williams (b) Address Clinton Mo

19. (a) 4-27-1946 (b) R R Kenney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 14, 1946 to April 18, 1946 (that I last saw him alive on April 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Poison 5 days
Lower Respiratory Disease 3-4 yrs
Due to Arteriosclerosis 5 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration
5 days
3-4 yrs
5 yrs
PHYSICIAN
Underline the cause to 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? _____

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

23. Signature J. B. McDonald (M. D. or other) _____
Address Urich Mo Date signed April 20-46

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

11832

RECEIVED

District Health Officer No. 7,

District File Number 4-46-421

Date Filed 5-10-46

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 Fred Welkman

Licensed Embalmer No. 7478

P. O. Address Cleburn, 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.