

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35859

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
(b) Township Walker
(c) City California, Mo.
(d) Length of residence in city or town where death occurred 24 yrs. mos. da.

Registration District No. 571
Primary Registration District No. 4335

Registered No. 66

2. PRINT FULL NAME

Eugene A. Jacobs
(a) Residence, No. California, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31. 1877
7. AGE YEARS 63 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) 1. 1940
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Airy Penn

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Virginia Carolin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Julia Jacobs

18. BURIAL PLACE Burk Cent DATE Oct. 7 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bowlin Funeral Home
California, Mo.

20. FILED 10-7-40 RR Pope 504
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1938, to Oct 5 1940

I last saw him alive on Oct 4 1940 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and myocardial degeneration not rheumatic
Date of onset about 1938

Other contributory causes of importance:
Chronic nephritis type 4 cause unknown

Name of operation none Date of no
What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify L. L. Latham M. D.
(Signed) California mo
(Address)

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

Earl W. Bonkin

Licensed Embalmer, No. *2126*

P. O. Address *California*

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, above space should be left blank.