

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7699
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 653
 (b) Township Hayti Primary Registration District No. 4390 Registered No. 2-2
 (c) City Hayti (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME Rosemary Edith Jamison
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF George Jamison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1865
 7. AGE YEARS 72 MONTHS 5 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherfield
 13. NAME Edith Jamison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin
 15. MAIDEN NAME Almira Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Mrs. J. S. Rhodes
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mercedes DATE 2-18-38
 19. FUNERAL DIRECTOR (ADDRESS) J. S. Rhodes
 20. FILED 2/14 1938 J. S. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938, to Feb 14 1938
 I last saw h. w. alive on Feb 14 1938. Death is said to have occurred on the date stated above, at 4:32 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 2-7-38
 108-
 Other contributory causes of importance:
Dr. J. S. Rhodes
Dr. J. S. Rhodes
Dr. J. S. Rhodes
 Name of operation _____ Date of _____
 What test confirmed diagnosis? 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?
 If so, specify _____
 (Signed) J. S. Rhodes _____, M. D.
 5:15 (Address) Hayti

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)