DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18897

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 525

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 323 S Caldwell (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD JAMESON
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Deborah Jameson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 22 (Day) 1863 (Year)

8. AGE: Years 77 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Lenton (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Laborer

FATHER
12. Name George Jameson
13. Birthplace Putnamko (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name D K
15. Birthplace D K (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. L. Dolley
(b) Address Kans. City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Chapel
(b) Address Brookfield Mo
19. (a) May 29 40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 19, 1940 to May 27, 1940; that I last saw him alive on May 19, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rt Hemiplegia. Cerebral Apoplexy	1 wk
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Brookfield Mo Date signed 5-28-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 640-823
Date Filed JUN 4 1940

JUN 6 1940

JUN 7 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.