DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31580

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 239.

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton (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) 2

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton (If outside city or town limits, write "RURAL")

(d) Street No. 824 Court St. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Anna Bell Jameson

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 23 (Day) 1874 (Year)

8. AGE: Years 66 Months 1 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name John H. Jameson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Herndon
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. E. Jameson

(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (Month) (Day) (Year)

(c) Place: burial or cremation Jameson Cemetery

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton, Missouri

19. (a) Sept 20, 1940. (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th, year 1940 hour 9/15. minute P.M. M.

21. I hereby certify that I attended the deceased from 1930. ....., 19..., to Present time. 19 1940 that I last saw her alive on Sept, 19th, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Origin, uterus, extending to and including, colons, and small intestines; Duration two yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 4

Major findings: Of operations Carcinoma as above.

Of autopsy None.

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] (Date of other) M.D.

Address Fulton M. Date signed 9/20/40.

(Licensed Embalmer's Statement on Reverse Side)

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 Leo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton

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

If this body is not embalmed, fact should be so stated above.