

STANDARD CERTIFICATE OF DEATH

35097

State File No.

Registration District No. 197

Primary Registration District No. 5276 A

Registrar's No.

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 E. 21.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ed Jamison

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Jamison 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 19, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer - retired

11. Industry or business

12. Name Jasper Newton Jamison

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

14. Maiden name Celia Stinson

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

16. (a) Informant Myrtle Jamison

(b) Address 1223 E. 21, North K. C. Mo.

17. (a) Burial (b) Date thereof 10-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) 10-4-40 (b) John S. Norton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1940 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from July 9, 1940, to Oct 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis

Other conditions 94Pa
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
9/6/3 (Specify type of place) (e) Means of injury

23. Signature Tunnel & Wadell (M. D. or other)
Address North Kansas City, Mo Date signed 10-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-18-40

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North K. C. 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.