

13-40  
17-39  
X29159

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

**FILED DEC 10 1940**

1. PLACE OF DEATH: **Jasper**  
 (a) County **Joplin**  
 (b) City or town  
 (c) Name of hospital or institution: **Fremont Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **15 Minutes**  
 In this community **35 Years**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Joplin Mo;**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5-30 N. Joplin St;**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Lois Jamison**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov. 24**, day **1940**,  
 year \_\_\_\_\_ hour **11-00** minute \_\_\_\_\_ A. M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **Nov 23**, 19**40** to **Nov 24**, 19**40**  
 that I last saw her alive on **Nov 28**, 19**40**  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Howard Jamison**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Sept. 5, 1905**  
 (Month) (Day) (Year)

Immediate cause of death  
**Tubercular meningitis**  
 Duration **1 Day**

8. AGE: Years **35** Months **2** Days **19**  
 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **AK**  
 (Include pregnancy within 3 months of death)

9. Birthplace **Joplin Missouri;**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **W.B. Caples**  
 13. Birthplace **Kansas**  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Roberta Chandler**  
 15. Birthplace **Missouri;**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Howard Jamison**  
 (b) Address **530 N. Joplin St. Joplin Mo**

17. (a) **Burial** (b) Date thereof **11-26-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PEARL MEM. CEM.**  
 (d) Signature of funeral director **Hurlbut Und. Co;**  
 (b) Address **Joplin Missouri;**

19. (a) **11-29-40** (b) **A. J. Jamison**  
 (Date received local registrar) (Registrar's signature)

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?  
**3rd** (Specify type of place)

While at work (e) Means of injury \_\_\_\_\_  
 23. Signature **James A. O'Brien** M.D.  
 Address **6140 Maple St. Joplin, Mo.** Date signed **Nov 25-1940**

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

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin 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.