No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15527

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks, 9 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Jamison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lomon B. Jamison

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

7. Birth date of deceased Oct. (Month) 30 (Day) 1873 (Year)

8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lewis E. Steele

13. Birthplace Lincoln County (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Hannah Sharp

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Hospital records

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, Clarksville Mo

18. (a) Signature of funeral director Grace Bamfield

(b) Address Louisiana Mo

19. (a) 4-15-1941 (Date received local registrar) H. C. Haley Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14 year 1941 hour 5 A.M. minute M.

21. I hereby certify that I attended the deceased from March 2 1941, to April 14 1941 that I last saw her alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of foot	
Due to: Diabetes Mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 61	

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

23. Signature C. C. Cunningham (M. D. or other)

Address Louisiana, Mo. Date signed 4/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-1018
Date Filed MAY 20 1941

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 Grace Rankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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

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