

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1846868
Do not use this space.

FILED JUN 12 1941

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577
(b) Township St. Mary Primary Registration District No. 5775 Registered No. 6
(c) City or Lathrop (d) Street No. 11 St. 6
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Joseph Coleman Jemison
(a) Residence, No. 11 St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maia Jemison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/8/1867
7. AGE YEARS 74 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME John Jemison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass
15. MAIDEN NAME Sarah Matthews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT (ADDRESS) Mrs. John Jemison
Lathrop Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop Cem DATE 5/10
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Elliott Freshman
California Mo
20. FILED 5-13 1941 Madine Lathrop 509 (Address) California Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1941
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1941, to May 9, 1941
I last saw him alive on May 9, 1941. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset May 9
Suppuration 32W May 5
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. Elliott Freshman M. D. 6
California Mo

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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, above space should be left blank.