

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

24318

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 14 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 516

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1125 S. National  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 14 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 755 South Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Levena Jamieson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Dr. Alexander J. Jamieson

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

7. Birth date of deceased September 27, 1866  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>75</u>	<u>9</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Robert Drumwright

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

14. Maiden name Carol Cooper

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

16. (a) Informant Mr. Adlai J. Jamieson

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof July 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winona, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) July 11, 1942 (b) R. W. Landley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th  
year 1942 hour 5:25 minute \_\_\_\_\_ A \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from January 8 1942 to July 10 1942  
and that I last saw her alive on July 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Nephritis</u>	<u>3 wks.</u>
<u>Due to Pyelitis and Cystitis, Chronic</u>	<u>4 yrs.</u>
Due to _____	_____

Other conditions (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. W. Landley (M. D. or other) \_\_\_\_\_

Address Springfield, Missouri Date signed 7/11/42

(Licensed Embalmer's Statement on Reverse Side)

1330

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 *Harlow Knoble*  
Licensed Embalmer No. *4065*  
P. O. Address *Springfield 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.**