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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1943/49

Primary Registration District No. 1002

Registrar's No. 466

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 56 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. 3627 Holmes Street,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Annie Mary Jamison,

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

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

6. (b) Name of husband or wife William T. Jamison 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July 3 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1943 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1942 to Jan. 27 1943
that I last saw her alive on Jan. 27 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 6 24 hr. min.

Immediate cause of death Intestinal ob-
struction. 36 hrs.

Due to Opening in obturatum foramen.

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

10. Usual occupation at home,

Due to 12.2. B^v

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name of father William Smith,
Birthplace Unknown,
(City, town, or county) (State or foreign country)

13. Maiden name Unknown,

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

PHYSICIAN

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Wm. T. Jamison,

(b) Address 3627 Holmes St., Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-29-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?

23. Signature D. M. [Signature] (Specify type of place) (e) Means of injury
(M. D. or other)

Address ICC mo Date signed 1-29-43

Dr. Ketchem

W. A. Ketchem

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 *E. M. Plank*.....

Licensed Embalmer No. *1848*.....

P. O. Address *K. C. MS*.....

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Kansas
County of Shawnee } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 466

On this 19th day of February, 1943, before me appears _____

Howard L. Jamison, who, upon his oath, states that the original record of ^{birth} death for Mrs. Annie Mary Jamison died January 27th, 1943, in the State of Missouri, and which was filed at Kansas City, Mo. on 1-27, 1943, should be corrected as follows:

Item No. 3. (a) should read Mrs. Annie Mary Jamison

Instead of Mrs. Anna Mary Jamison

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Howard L. Jamison - Son
Relationship.

1224 Harrison Ave. Topeka, Mo
Present Address.

Subscribed and sworn to before me this 19 day of February, 1943

My Commission expires Dec. 9, 1943 Velva B. Mack Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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