. No. 2
-9-4-41
17-39
X29484

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

1419

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 27 1943
Registration District No.

Primary Registration District No. 3000

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wells-Lee Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles E, Kirksville 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Noble L. Jameson
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alfred W. Jameson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June (Month) 22 (Day) 1873 (Year)

8. AGE: Years 69 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Fairfield (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Noble Jameson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Malura Jameson 1
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Alfred W. Jameson
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hills Cemetery
18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.
19. (a) Jan. 18 1943 (Date received local registrar) Mrs. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1043 hour 5:30 minute P: M.
21. I hereby certify that I attended the deceased from Jan 1st 43 to Jan 15 1943.
that I last saw h.e alive on Jan 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchial Pneumonia — Duration 3 days.
Due to Carcinoma of Stomach
Due to Metastatic Carcinoma of Peritoneum
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. Wells-Lee M.D. (M. D. or other) DO
Address Wells-Lee Hospital Date signed 1/18/43
Kirksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

352
1/42

1049

1-43-128

JAN 21 1943

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Keokuk IA

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.