

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1925-6

Primary Registration District No. 2001

Registrar's No. 150

49  
52  
51

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
1621 Byers Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1621 Byers Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Jameson

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased January 5, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>5</u>	.....hr. ....min.

9. Birthplace New London, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Engineer for Keystone Hotel

12. Name Columbus Jamison

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

14. Maiden name Martha Lear

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

16. (a) Informant C. B. Jameson; 1621 Byers Ave, Joplin, Mo

(b) Address.....

17. (a) Burial (b) Date thereof 3-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 3-10-43 (b) Gettund Dickholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th  
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 3 - 1942  
19..... to March 10, 1943  
that I last saw him alive on March 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arterio sclerosis

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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) 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 W. Howland (M. D. or other).....

Address Joplin Mo Date signed 3-10-43

43-2-245

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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address..... *Joplin, 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.