

S. No. 2
M-542
5-17-39
I X 12

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18377**
Registrar's No. **105**

Registration District No. **209**

Primary Registration District No. **3043**

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

64
3
4

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Hannibal**
(c) Name of hospital or institution: **LEKERING HOSPITAL**
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: **64**
(a) State **Missouri** (b) County **Marion** **3**
(c) City or town **Hannibal** **4**
(d) Street No. **3910 Market St.**
(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME **Edward Jameson**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **March** day **9**
year **1943** hour **5** minute **15 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **2-22** to **3-9**
that I last saw him alive on **3-9** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **FRANCES** 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Acute rheumatic fever** Duration **4 d**

7. Birth date of deceased **July 1 1907**

Due to **Acute rheumatic endocarditis** **2 d**

8. AGE: Years **39** Months **8** Days **8** If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace **New London Mo**

Other conditions (Include pregnancy within 3 months of death) **58 f**

10. Usual occupation _____

PHYSICIAN _____

11. Industry or business _____

12. Name **Robert Jameson**

Major findings: Of operations _____

13. Birthplace **Rail Co Mo**

Of autopsy _____

14. Maiden name **Elizabeth Couch**

15. Birthplace **Rail Co Mo**

16. (a) Informant **Mr Roy Jameson**

17. (a) **Burial** (b) Date thereof **3-12-43**

18. (a) Signature of funeral director **James O'Donnell**

19. (a) **4/7/43** (b) **McCombs**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **James O'Donnell** (M. D. or other) **MD**

Address **Hannibal Mo** Date signed **3-17-43**

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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

Michael J. O'Donnell

Licensed Embalmer No.....

P. O. Address.....

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.