

REG OCT 20 1943 20
Registration District No. _____

Primary Registration District No. 5449

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Gentry.
(b) City or town King City Mo. R.R. - Jackson Hwy
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Samuel Warren Jameson.

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

4. Sex Male. 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Widowed.

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

7. Birth date of deceased Oct. 12. 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 4. hr. _____ min.

9. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business _____

12. Name Hiem R. Jameson.

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

14. Maiden name Elizabeth Fore.

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

16. (a) Informant Mitchel Jameson.

(b) Address King City Mo. R.R.

17. (a) Burial. (b) Date thereof 9. 18. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. S. Wagner

(b) Address King City Mo.

19. Sept 22/43 (Date received local registrar) Ann H. Miller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry. 38
(c) City or town King City Mo. RR.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16.
year 1943. hour 3 minute 50. A. M.

21. I hereby certify that I attended the deceased from Sept 25, 1943 to Sept 16, 1943.
that I last saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to _____

Due to _____

Other conditions arterio sclerosis
(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) _____
Means of injury _____

23. Signature R. S. Wagner (M. D. or other)

Address King City, Mo Date signed 9/17/43

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

MOTHER FATHER

Duration

2 mo.

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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City, 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.