No. 2
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38031

Registration District No. 72 | Primary Registration District No. 5289 | Registrar's No. 96

1. PLACE OF DEATH:
(a) County Clay County
(b) City or town North Kansas City RFD #5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Gallahan Terr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 90 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6424 East 16th Terrace.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry Jamison
3. (b) If veteran, name war None.
3. (c) Social Security 490-16-9105
4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Etta Carnwall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 11 (Day) 1871 (Year)

8. AGE: Years 72 | Months 6 | Days 29, | If less than one day hr. min.

9. Birthplace Parkville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Grain & livestock
FATHER
12. Name Michael Jamison
13. Birthplace don't know (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Nancy Pickerell
15. Birthplace don't know (City, town, or county) Ky. (State or foreign country)
16. (a) Informant W. E. Brink
(b) Address RFD. #5 North Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 13 (Day) 43 (Year)
(c) Place: burial or cremation Parkville
18. (a) Signature of funeral director [illegible]
(b) Address Parkville Mo
19. (a) Nov 24-1943 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1943 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept 18th, 1943 to Oct 10, 1943
that I last saw him alive on Sept 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete Cardiac and respiratory failure.	
Due to over exertion	
Due to	
Other conditions Brights disease (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) 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 Ry
23. Signature C B Curry (M. D. or other) DO
Address Avondale, Mo. Date signed 10-11-43.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-12-43

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 Me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed L H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Clay

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

(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 ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Henry Jamison

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

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Mar. (Month) 11 (Day) (Year)

8. AGE: Years 72 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Complete Cardiac & respiratory failure

Due to Over exertion

Chronic

Due to Brights Disease

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

Major findings:
Of operations .....

Of autopsy .....

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Duration

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 C B Curry (M. D. or other) DO

Address Avondale Mo Date signed 12-15-43

SUPPLEMENTARY

38031