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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1944

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 21019

Registrar's No. 40

1. PLACE OF DEATH:

(a) County BATES

(b) City or town BUTLER - ~~MILLEASANT~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 50 years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO - (b) County BATES 2

(c) City or town RICH HILL MO - 0 (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 0

3. (a) PRINT FULL NAME JAMES M. JAMESON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

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

7. Birth date of deceased AUG (Month) 2 (Day) 1865 (Year)

8. AGE: Years 78 Months 10 Days 0 If less than one day hr. min.

9. Birthplace WEBSTER CO MO - (City, town, or county) 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business COAL OPERATOR -

FATHER
12. Name JEHU JAMESON
13. Birthplace TENN - (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name NARCISSIS UNDERHILL
15. Birthplace TENN - (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Frank Daniel

(b) Address Rich Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Bootho

(b) Address Butler Mo

19. (a) 6-5-44 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

1856

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2nd year 1944 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 26, 1944 to June 2, 1944 that I last saw him alive on June 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Urinary Obstruction with Uremia

Due to Cancer of Prostate Gland

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

51 P

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? 0 (e) Means of injury 0

23. Signature Guas A Fish Jr (M. D. or other)

Address Butler, Mo. Date signed 6/5/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District Reg. Number 6-44-869
Date Filed 7-13-44

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 John B Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.