

FILED AUG 2 1944

State File No.

3014

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3911 Genessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Years
years, months or days

3. (a) PRINT FULL NAME Arthur G. Jamison

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Emma C. Jamison 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 5 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation Bookkeeper

11. Industry or business K.C. War Chest & Community

MOTHER FATHER
12. Name John Jamison
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Tallman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma G. Jamison

(b) Address 3911 Genessee Kansas City, Mo.

17. (a) Removal (b) Date thereof 7-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hepler Kansas

18. (a) Signature of funeral director Chas. Guernsey

(b) Address 1901 Bloche Blvd. K.C.

19. (a) 7-21-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3911 Genessee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from February, 1944, to July 18, 1944,
that I last saw him alive on July 18, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Acute Myocardial Infarction
and Rupture of heart.
Due to _____

Other conditions: 93 d
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy: Coronary thrombosis, Myocardial Infarction - Rupture of heart.

22. 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 St. Neighbourhood
Address 311 Strong Dr., K.C. Date signed 7/19/44

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

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.....

Wm. J. Ward

Licensed Embalmer No.....

3991

P. O. Address.....

309 E. 67

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.