

FILED FEB 6 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 325

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days Specify whether
In this community 26 days
years, months or days

3. (a) PRINT FULL NAME William Thomas Jamieson
3. (b) If veteran, name war no 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 Glessie Jamieson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb. 26 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 25 hr. min.

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

10. Usual occupation machinist

11. Industry or business Jamieson Machine Shop

12. Name Wm. E. Jamieson
13. Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Emilia C. Emmelth
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Jamieson
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heater Bethel G. Bowman
(b) Address 319 So. 10 St. Joseph, Mo.

19. (a) 1/21-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph 11
(If outside city or town limits, write "RURAL") 1
(d) Street No. 602 No. 12 7
(If rural, give location)
(e). Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1945 hour 7 minute 48 P. M.

21. I hereby certify that I attended the deceased from Dec 24 1944 to Jan 21 1945
that I last saw him alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor of Cerebrum 5 mo.
gliostoma
Due to gliostoma
Other conditions (Include pregnancy within 3 months of death) 546

Major findings: Of operations As Above PHYSICIAN
Of autopsy As Above 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? _____

While at work (Specify type of place) (e) Means of injury _____
23. Signature P. E. Brown (M. D. or other) _____
Address Kansas City, Mo. Date signed 1-21-45

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

MAR 12 1945

MAR 20 1945

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 *Frank A. Downey*
Licensed Embalmer No. *1710*
P. O. Address *St. Joseph, 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.