S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18500

Registration District No. 374 | Primary Registration District No. 4547 | Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant city (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Grant city (If outside city or town limits, write "RURAL") 113
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John C Jamison
3. (b) If veteran, name war no[illegible] 3. (c) Social Security No. no

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Hattie Jamison 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 14 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	0	hr. min.

9. Birthplace Grant city (City, town, or county) O (State or foreign country)
10. Usual occupation Grocery store operator
11. Industry or business For self

MOTHER FATHER
12. Name Thomas L Jamison
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
14. Maiden name Frances E Fowler
15. Birthplace Greenville (City, town, or county) Penn (State or foreign country)

16. (a) Informant Mayme Edlund
(b) Address Grant city Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Cem.
18. (a) Signature of funeral director Jack C Bumfee
(b) Address Grant City, Mo.
19. (a) May 15 1945 (Date received local registrar) (b) Mayme Rueheart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1945 hour 1 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan 2 1945 to 5-14 1945; that I last saw h[illegible] alive on 5-14 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Sclerosis	2 Yrs.
Due to	
Due to	
Other conditions (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

23. Signature [illegible] M.D. (D.O. or other)
Address Grant City Mo Date signed 5-15-45

1385

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.