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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. **38219**

Registration District No. **277**

Primary Registration District No. **441-5949**

Registrar's No. **54**

1. PLACE OF DEATH
(a) County **PIKE**
(b) City or town **BOOthe**
(c) Name of hospital or institution: **1**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **87**
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **JAMES ALTON JAMESON**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **8**
year **1945** hour **11** minute **9** M.
21. I hereby certify that I attended the deceased from _____, 19____, to **10/8/45**, 19**45**
that I last saw him alive on **10/7/45**, 19____; and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Edna Jameson**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **Nov 9 1866**

Immediate cause of death **Uremia**
Due to **Pyelitis**
Due to **Atherosclerosis**
Other conditions _____
Major findings: Of operations _____
Of autopsy **No**

8. AGE: Years **79** Months **10** Days **29**
9. Birthplace **Lincoln Co Mo.**
10. Usual occupation **Retired Farmer**

MOTHER, FATHER {
12. Name **David Sanford Jameson**
13. Birthplace **Ky**
14. Maiden name **Madeline Hamilton**
15. Birthplace **Virginia**

16. (e) Informant **Mrs. Edna Jameson**
(b) Address **Bowling Green Mo.**
17. (a) **Burial** (b) Date thereof **10 10 1945**
(c) Place: burial or cremation **10 8 1945 Green Burial**
18. (a) Signature of funeral director **Bill Robinson**
(b) Address **Bowling Green Mo.**
19. (a) **Nov. 2 1945** (b) **Bill Robinson**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature **J. M. A. Green** (M. D. or other) **2 190**
Address **Bowling Green Mo.** Date signed **10/13/45**

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

1600

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-45-169

Date Filed NOV 24 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.....

Grace Bankhead

Licensed Embalmer No.....

2914

P. O. Address.....

Dawling Green, N.C.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. dec
Registrar's No. 54

Registration District No. 277 Primary Registration District No. 5949

1. PLACE OF DEATH:

(a) County Pike
(b) City or town (Booth) Bowling Green
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County (Pike)
(c) City or town Bowling Green (Rural)
(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

James A. Jameson

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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 9

7. Birth date of deceased Mo. (Month) 9 (Day) 1940 (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month _____, year 1940, hour _____, minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

38219