

S. No. 2
M-8-43
5-17-39
K37823

FILED FEB 11 1946
Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **32**

145
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Saxton Nursing Home, 2421 Francis**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years,**
In this community **90 yrs. 2 mos. 29 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri,** (b) County **Buchanan,** //
(c) City or town **Saint Joseph,** /
(If outside city or town limits, write "RURAL")
(d) Street No. **1512 South 12th Street,** 7
(If rural, give location) 0
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Amelia Catherine Jamieson,**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**
6. (b) Name of husband or wife **William E. Jamieson** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 8th, 1855**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	2	29	hr. _____ min.

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

10. Usual occupation **At Home,**

11. Industry or business _____

MOTHER FATHER
12. Name **William Emmeluth,**
13. Birthplace **Unknown, Germany, 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Wagner,**
15. Birthplace **Unknown, Germany, 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **John B. Jamieson,**
(b) Address **2605 Jules Street,**

17. (c) **Burial** (b) Date thereof **1/10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Mora Cemetery**

18. (a) Signature of funeral director **Walter B. Soler, Brunn**
(b) Address **319 So. 10th Street,**

19. (a) **Jan. 9, 1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **7th.**
year **1946,** hour **1:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Several years to Jan 7,** 19 **46**
that I last saw her alive on **Dec. 1** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast** Duration **1 Year**

Due to _____
Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none** 50
Of autopsy **no** 0

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. W. Crays M.D.** (M. D. or other)
Address **2801 Remick St. Joseph, Mo. 1-7 9/6**

1901, Newark

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 Jan 4
....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
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.