

FILED APR 14 1947
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. _____

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7420 E. 15 St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Jamerson

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Mary Rebecca Jamerson 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 1 - 8 - 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Paint contractor

11. Industry or business Self

MOTHER FATHER { 12. Name Isam Jamerson
13. Birthplace Unk
(City, town, or county) (State or foreign country)
14. Maiden name Jane --
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant P T Jamerson

(b) Address 5647 Wayne K C Mo

17. (a) Burial (b) Date thereof 4/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director John P. Shell
R C MO

(b) Address _____

19. (a) 4-5-47 Stardline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from
March 22, 1947, to April 3, 1947.
that I last saw him alive on April 3, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 95%
-Of operations _____

Of autopsy See above

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-3-47

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

Dr. J. J. Williams,

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 *John P. Sheeh*.....

Licensed Embalmer No. *3625*.....

P. O. Address *K B 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.