

FILED MAY 1 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14612

Registration District No. 293

Primary Registration District No. 4436

Registrar's No. 4

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

1. PLACE OF DEATH:
 (a) County Ralls
 (b) City or town New London
 (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 ✓ 1
 (Specify whether years, months or days)
 In this community Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ralls 87
 (c) City or town New London
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNABEL GENTRY JAMESON
 3. (b) If veteran, ✓ name war _____
 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 3
 year 1947 hour 11 minute 9 M.
 21. I hereby certify that I attended the deceased from Jan 7, 1947 to April 3, 1947
 that I last saw her alive on April 2, 1947
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Cleveland S. Jameson
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Aug 10 1893
 (Month) (Day) (Year)

Immediate cause of death Abdominal Cancer
 Due to Cancer of left breast
 Duration ?

8. AGE: Years 53 Months 7 Days 23
 If less than one day hr. min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 50
 Of autopsy _____

9. Birthplace New Salem, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name William Joe Gentry
 13. Birthplace Sedalia, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucker Elizabeth Woodson
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant C. S. Jameson
 (b) Address New London, Mo.
 17. (a) Burial (b) Date thereof Apr 5 47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New London, Mo.
 18. (a) Signature of funeral director F. S. Fields & Son
 (b) Address Frankford, Mo.
 19. (a) 4-4-47 (b) H. J. Waters
 (Date received local Registrar) (Registrar's signature)

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 0
 23. Signature H. J. Waters (M. D. or other) _____
 Address New London, Mo. Date signed 4/4/47

RECEIVED
District Health Officer No. 10
District File Number 4-472124
Date Filed APR 30 1947

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 June Fields Megaw
Licensed Embalmer No. 4098
P. O. Address Frankford, 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.