

No. 300  
1-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16399

Registrar's No. 2123

FILED JUN 1 1948, 49

Registration District No. 149

Primary Registration District No. 1002

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

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: Wheatley Providence 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2308 Chestnut 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1948 hour 5 minute 15 P M  
21. I hereby certify that I attended the deceased from 5-11-48  
Pathologist to 5-16-48  
that I last saw him alive on 5-16  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Booker T. Jamison

3. (b) If veteran, name war No 3. (c) Social Security No. 702-09-8749

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Unknown 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: September 23, 1910  
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Onedia, Arkansas  
(City, town, or county) (State or foreign country)

10. Occupation: Engine Watcher

11. Name: Ben Jamison 9

12. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Laura Rhodes

15. Birthplace: Selma, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Laura Hunt  
(b) Address: 420 Vine Street

17. (a) Burial (b) Date thereof: 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: [Signature]  
(b) Address: 1729 Grand Ave

19. (a) 5-20-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Immediate cause of death

Circulatory Failure  
Due to Acute myasthenia gravis  
Due to Cause unknown

Other conditions: Pending

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: See Above 156.6

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, farm, or industrial place, or in public place? as Pathologist

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature: A. E. Usher (M. D. or other) \_\_\_\_\_  
Address: 2800 Main Date signed: 5/17/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*D. J. Manlove*

Licensed Embalmer No.

*3994*

P. O. Address:

*2503 Highell*

**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.**

State of Mo.  
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 16392-48  
Local Registrar's No. 2123-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of October, 1949, before me appears Florence  
Burton, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Barker G. Jamison died May 16, 1948, in the State of  
Missouri, and which was filed at Kansas City on 50-20, 1948, should be corrected as follows:

- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. 6.t should read Florence Lucille Jamison  
Instead of Unknown
- Item No. 6.c should read 34  
Instead of —
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Florence Burton (Wife)  
Relationship  
2911 E. 26th St. K. C. Mo.  
Present Address.

Subscribed and sworn to before me this 31st day of October, 1949.

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

20-23347

S-16392