

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Hendon - Page Twp</u>	c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY OR TOWN <u>Hendon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Susie Betty Jamison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <u>Married</u>	8. DATE OF BIRTH <u>July 8 - 1882</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>H. N. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Porter</u>	14. NAME OF HUSBAND OR WIFE <u>John Jamison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jasset</u>	ADDRESS <u>Hendon, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>One day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		<u>Several months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>		<u>331X</u>	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from Sept 13, 1949, to Oct. 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W B Love MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>Oct 7/49</u>
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24a. BURIAL (Specify) <u>✓</u>	24b. DATE <u>Oct. 7 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Deerfield Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 25 - 1949</u>	REGISTRAR'S SIGNATURE <u>Ms Sarah E Gray</u>	329	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Ferry</u>	ADDRESS <u>Nevada Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1088
6088

10-3-19
District Health Officer No. 7
District File Number 9-49-129
Date Filed 10-3-19

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 _____

John G. Lewis

Student Embalmer No. 331

working under my personal supervision.

Student *John G. Lewis*
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.