

FILED MAY 21 1957

THE UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

17140  
State File No. 2086  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City North</u>	d. Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>4238 N. Olive 506 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maria's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Harold</u> b. (Middle) <u>W</u> c. (Last) <u>Jameson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1957</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 21 1913</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver Jones Truck Lines</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cherokee Kansas</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Harold J. Jameson</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Jameson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-03-7992</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Jameson</u>	ADDRESS <u>4238 N. Olive</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Lung Primary</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1624</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1956, to May 2, 1957, that I last saw the deceased alive on May 1, 1957, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hecke T. Benoit, Jr.</u> (Degree or title)	23b. ADDRESS <u>4620 Tudor Park</u>	23c. DATE SIGNED <u>May 3 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-3-57</u>	REGISTRAR'S SIGNATURE <u>newman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcome's Sons</u>	ADDRESS <u>No. Kansas City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hector W. Benoit, Jr.

582  
32 st  
H. W. C. Court

262-8461

John  
4605

KP  
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *John W. Kalsbeek* .....

Licensed Embalmer No. *4949*  
P. O. Address *To Kansas City*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.