

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

29169
Do not use this space.

FILED AUG 16 1943

1. PLACE OF DEATH
 (a) County Boyer Registration District No. 201
 (b) Township _____ Primary Registration District No. 4450
 (c) City Doniphan, Mo (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Clara Jamerson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1943

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 3 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Mo
 13. NAME Tom P. Jamerson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER
 15. MAIDEN NAME Velona Virginia Mc Keller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer, Mo

17. INFORMANT (ADDRESS) Mrs Tom P. Jamerson

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) _____

20. FILED 8-10-43 E. W. Johnston
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1943

22. I HEREBY CERTIFY That I attended deceased from July 6 1943 to July 6 1943
 I last saw him alive on July 6 1943 Death is said to have occurred on the date stated above, at 3:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Premature and under developed
159
 Other contributory causes of importance: Chronic Malaria of mother

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. W. Johnston, M. D.
 (Address) Doniphan, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.