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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1940

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18755

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 111 S Mineral ? (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether) In this community: 29 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 111 S Mineral (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Willie Houston Dame 580

3. (b) If veteran, name war: World War

3. (c) Social Security No.: 444-10-2113

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lois

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: May 12 (Month) 1896 (Day) (Year)

8. AGE: Years 44 | Months 0 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Lawrenceburg, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation: Miner

11. Industry or business: ____

FATHER
12. Name: Sam H Dame
13. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Mary Johnson
15. Birthplace: ____ (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Robert L Dame
(b) Address: 1213 Va ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation: OZARK MEM. CEM

18. (a) Signature of funeral director: HURLBUT UND. CO
(b) Address: 212 Joplin St., Joplin, Mo

19. (a) 6-11-40 (Date received local registrar) (b) C. D. Daniels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1940 hour 6:40 minute ____ P.M.

21. I hereby certify that I attended the deceased from May 20 1940 to June 10 1940 that I last saw him alive on June 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 Year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations ____
Of autopsy ____

Underline the cause to which death should be charged statistically.

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? 372 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: H Hurlbut (M. D. or other)
Address: Joplin Mo Date signed 6-11-40

+5

MAR - 5 1945

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 Steve D. Parker

Licensed Embalmer No. 9548

P. O. Address Joplin 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, above space should be left blank.