

S. No. 2
-4-13-40
5-17-39
P-1 X231

State File No.

MAR 17 1941 411
Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

49
2
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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: 1543 Hill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lee O. Dement

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Dement

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan 18 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER

12. Name George J. Dement

13. Birthplace Joplin
(City, town, or county) (State or foreign country)

14. Maiden name Paula Mullins

15. Birthplace Joplin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Dement

(b) Address Joplin

17. (a) Burial (b) Date thereof Feb 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director W. H. City

(b) Address W. H. City

19. (a) 2-25-41 (b) E. J. Jarmon
(Date received local registrar) (Registrar's signature)

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. 1543 Hill St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 1230 minute AM M.

21. I hereby certify that I attended the deceased from Feb 25 1941 to Feb 25 1941; that I last saw h. in alive on Feb 23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Work in zinc-lead mines

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12 W

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? _____

While at work? 372 (Specify type of place)

(e) Means of injury _____

23. Signature R. M. Starnout (M. D. or other) _____

Address W. H. City Date signed 2/27/41

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 *A. K. Mills*

Licensed Embalmer No. *341*

P. O. Address *Weth City, 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.