

No. 2
1-4-41
-17-39
X26390

Registration District No. **318**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Johns Hospital.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about ten days**
(Specify whether years, months or days)

In this community **several years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Greene** **39**

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **1014 N. Newton.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Jesse L. Dame**

3. (b) If veteran, name war **Spanish American**

3. (c) Social Security **None**

4. Sex **M**

5. Color or race **White**

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

6. (b) Name of husband or wife **Ella Dame**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **August 15, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11** year **1942** hour **One** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Jan 31, 1942** to **Feb 11, 1942** that I last saw him **alive on Feb 10, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Branchiopneumonia**

Duration **3 wks**

8. AGE:	Years 69	Months 5	Days 26	If less than one day hr. 1 min.
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Due to **107**

Due to _____

9. Birthplace **Johnson County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business **Retired**

12. Name **Preston Dame**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

Other conditions **Coronary heart failure**

(Include pregnancy within 6 months of death)

Major findings: **Hypertrophied Prostate**

Of operations _____

Of autopsy **not done**

Underline the cause to which death should be charged statistically.

1 day
PHYSICIAN

16. (a) Informant **Mrs. Ella Dame**

(b) Address **1014 N. Newton**

17. (a) **Burial** (b) Date thereof **Feb. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knobnoster, Mo.**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **629 W. Walnut, Springfield, Mo.**

19. (a) **2-13-42** (b) **R. W. Handley**
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place)

(e) Means of injury _____

23. Signature **[Signature]** M. D. or other _____

Address **Springfield Mo.** Date signed **2/12/42**

MAR 19 1942

MAY 26 1944

APR 7 1942

MAR 16 1944

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 *Lawrence L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Springfield, m*

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.

X