

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community all her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. 702 Bridge  
(If rural, give location)  
(e) Citizen of foreign country? ! (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1942 hour 12 minute 0 M.  
21. I hereby certify that I attended the deceased from 1-23-42 to 2-2-42  
that I last saw her alive on 2-1-42 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia Duration 1-23-42  
Due to \_\_\_\_\_  
Encephalitis Duration 1-24-42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter H. Lewis (M.D. or other)  
Address Jasper Mo. Date signed 2/3/42

3. (a) Full name Margaret Ann Dame  
3. (b) If veteran name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 14 - 1939  
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 11  
If less than one day hr. min.

9. Birthplace Joplin Mo U  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Wm Dame

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

14. Maiden name Laura Traylor

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

16. (a) Informant Mrs Laura Dame

(b) Address Jasper Miss

17. (a) Burial (b) Date thereof 2/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Op. New Mt.

18. (a) Signature of funeral director Walter H. Lewis

(b) Address Jasper Miss

19. (a) 2-4-42 (b) Walter H. Lewis  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

42-2-194

**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. *2548*

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, fact should be so stated above.**