DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1942

Registration District No. 135

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5578

State File No. 30542

Registrar's No. 12

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town ~~Joplin~~ DUNEWEG
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Joplin Hosp
Duenweg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jasper 49

(c) City or town ~~Joplin~~ Duenweg
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** William Hiram Dick

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lorena

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 5th (Day) 1983 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 5 | 25 | hr. min. |

9. Birthplace Sanborn, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business

FATHER
12. Name John Dick
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Danielson
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Lorena Dick
(b) Address Duenweg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation STERLING Cem

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo.

19. (a) Oct. 2, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept day 30
year 1942 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 13, 1942, 19, to Sept 30, 1942
that I last saw him alive on Sept 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death 1700 Duration

Due to Lobar Pneumonia

Due to Rib injury in Auto accident Rib puncture

Other conditions left lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations Left lung puncture
Of autopsy Four fractured ribs on left 3, 4, 5, 6

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 122
(a) Accident, suicide, or homicide (specify) Auto Accident
(b) Date of occurrence Aug-25-1942
(c) Where did injury occur? Joplin, Jasper, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home on farm, in industrial place, in public place? On highway (Specify type of place)
While at work? (e) Means of injury 2

23. Signature H B Kerr DO
Address 530½ Main St, Joplin Date signed 10-2-42

1180

(Licensed Embalmer's Statement on Reverse Side)

424-778

OCT 16 1942

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 305 42

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 12

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Dick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 5 (Day) 1885 (Year)

8. AGE: Years 59 Months 5 Days 25 If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 30
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Labor Pneumonia

Due to Rib injury in auto accident
Rib puncturing left lung

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Left lung punctured. ✓
Of autopsy Four fractured
ribs on left 3, 4, 5-6

Duration
170 c.
22

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) ACCIDENT COLLISION
(b) Date of occurrence BETWEEN AUTOS AUG 11 1942
(c) Where did injury occur? JOPLIN (City or town) JASPER (County) MO (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC HIGHWAY (Specify type of place)
While at work? ONWAY TO WORK (c) Means of injury COLLISION

23. Signature J B Kew DO (M. D. or other)
Address 530 ½ Main St Date signed 11-21-42