S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED MAY 31 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19146

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Scott

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

(c) Name of hospital or institution: Home - 803 Sikes Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott

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

(d) Street No.: Sikes Ave. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: William Frank Dame

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: Lydia I. Dame

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: 9 (Month) 12 (Day) 1878 (Year)

8. AGE: Years 67 Months 6 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farming

11. Industry or business .....

MOTHER FATHER

12. Name: W.G. Dame

13. Birthplace: Unknown (City, town, or county) Ill. (State or foreign country)

14. Maiden name: Elinor Hammons

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

16. (a) Informant: Albert Dame

(b) Address: Sikeston, Mo. R.F.D. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Sikeston, Mo.

18. (a) Signature of funeral director: H. W. Albritton

(b) Address: Sikeston, Mo.

19. (a) May 27-46 (Date received local registrar) (b) Mrs F. G. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9 year 1946 hour 6 minute 24 p.m.

21. I hereby certify that I attended the deceased from 2-1-46, 19..., to 4-6, 1946, 19..., that I last saw h... alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	
Due to: Vascular Hypertension	2 yr.
Due to:	
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? ..... (Specify type of place) While at work? ..... (e) Means of injury .....

23. Signature: J. C. McClure (M. D. ~~or other~~)

Address: Sikeston, Mo. Date signed: 4-30-46

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 546-644
Date Filed 5-29-46

AUG 1 1946

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 Embalming, Registered Apprentice No. , working under my personal supervision.

Signed John Albertson

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.