

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

**399**

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002  
(No. St. Lukes Hospital)

**40565**

File No. \_\_\_\_\_  
Registered No. 4969  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Charles H. Dingman, Jr.

(a) Residence. No. 4550 1/2 Prospect St. 15 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida L. Dingman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 5 13

8. OCCUPATION OF DECEASED Policeman

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Charles H. Dingman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Anna Sharpea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

14. INFORMANT Mrs. Ida S. Dingman  
(Address) 4550 1/2 Prospect

15. FILED 174, 1929 M. M. Crowe REGISTRAR  
Inst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4-1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Homicide, firearm  
173

CONTRIBUTORY (SECONDARY) Shot by Bandits (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-3-29

17. WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) Stanley M. Hale M.D.

14. 1929 (Address) Respectively covered  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah Cemetery DATE OF BURIAL Dec. 6, 1929

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS K6 Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

