REC'D APR 14 1938

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

10156
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 294
(c) City St. Joseph, — (d) Street No. 6104½ King Hill Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 37 yrs. 10 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Michael Dittemore 356
(a) Residence, No. 6104½ King Hill Avenue St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May.6.1900.

7. AGE: YEARS 37 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. Dodge Motor Co
10. Date deceased last worked at this occupation (month and year) March 1 1931
11. Total time (years) spent in this occupation 7 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri.

FATHER
13. NAME James Michael Dittemore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri

MOTHER
15. MAIDEN NAME Sallie A Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri.

17. INFORMANT (ADDRESS) Sallie A Dittemore 6104½ King Hill Avenue

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemt
PLACE St. Joseph, Mo. DATE March. 11. 1938

19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED Mar 11, 1938 H J Nestlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to March 9, 1938
I last saw him alive on Mar 8, 1938. Death is said to have occurred on the date stated above, at 3/50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Insipidus	about 1930
Other contributory causes of importance:	
Cerebral Anemia and General Exhaustion	Dont know

69B

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) W. A. Robertson, M. D.
(Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

--- L. E. --- ---

No. --- or by ---, Registered Apprentice No. ---

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258

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