

REC'D OCT 12 1939

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

31919  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001 Registered No. 967  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Marshall Digges

(a) Residence, No. 3319 Renick St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Mrs. Minnie Digges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
75 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer  
9. Industry or business in which work was done, as saw mill, bank, etc. Cash Printing Co.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME I. T. Digges  
14. BIRTHPLACE (CITY OR TOWN) Glasgow, (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Rebecca Smith  
16. BIRTHPLACE (CITY OR TOWN) Boonville, (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Minnie Digges, (ADDRESS) 3319 Renick, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 20th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Colhoun St. Joseph, Mo.

20. FILED 9/20 1939 H. Wetzel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased, from Sept 31st 1939 to SEPT 18th 1939  
I last saw him alive on SEPT. 18th 1939 Death is said to have occurred on the date stated above, at 6:25 A.M.  
The principal cause of death and related causes of importance were as follows:

Hypertrophy Prostate Date of onset 1939

Other contributory causes of importance: Broncho Pneumonia 9/15/39

Name of operation Resection Prostate - Dr. Suenberg Date of 9/15/39  
What test confirmed diagnosis? Specimen Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes Date of injury Sept 18, 1939  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Dr. Thompson M. D.  
(Address) Ed. S. Charles

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**