

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41948**

Registration District No. **85**

Primary Registration District No. **5127**

Registrar's No. **1318**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Front Tavern on Lake Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St. Joseph, Mo. Ave
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 Fredrick Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles Edward Dittimore
(b) If veteran, name war none (c) Social Security No. 500-14-7394

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15th.
year 1940 hour 2 minute 15 A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Virtie 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Nov. 20th 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I ~~viewed~~ viewed him Dec 15 on _____ 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48. 0 25 hr. _____ min.

Immediate cause of death
Homicide by firearms
Due to Penetrating bullet wound of chest, entrance 2nd interspace left, exit 3d interspace right.

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings: Of operations 170
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business 0
12. Name John W. Dittimore
13. Birthplace DeKalb Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Gabbert
15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Dittimore
(b) Address 1212 Fredrick Ave. St. Joseph

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 15 - 1940
(c) Where did injury occur? St. Joseph, Mo. Ave.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
West Front Tavern, Lake County, Mo.
While at work? no (Specify type of place) (e) Means of injury Rifles shot
23. Signature H. F. Mendenhall (M. D. or other) med.
Address 404 So 3rd St. St. JOSEPH Date signed 12/17/40

17. (a) Removal (b) Date thereof 12 - 17 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation DeKalb, Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) 12-17-1940 (b) H. F. Mendenhall
(Date received local registrar) (Registrar's signature)

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.....

Carl W. Haus

Licensed Embalmer No.

3955

P. O. Address.....

St. Joseph

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.