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Destroy 42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

P-3064

DO NOT WRITE 21061 IN THIS SPACE

STATE BOARD OF HEALTH
Division of Vital Statistics, State of ~~Kansas~~ Mo

Registrar's No. 49 5064

600

1. PLACE OF DEATH:
(a) County ~~Crawford~~ Barton
(b) City ~~or township~~ ~~Baker~~ SW Twp
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 3 miles north of Nashville, Mo.
(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 entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barton
(c) City or town RURAL
(If outside city or town limits, write RURAL)
(d) Street No. 3 miles north Nashville, Mo.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

600

3 (a) FULL NAME Ida Dell Dingman
3 (b) If veteran, name war .....
3 (c) Social Security No. .....
4. Sex female
5. Color or race white
6 (a) Single, widowed, married, divorced widow
6 (b) Name of husband or wife Geo. E. Dingman
6 (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 6 (Month) 5 (Day) 1872 (Year)
8. AGE: Years 68 Months 8 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace Labette (City, town or county) Kansas (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER 12. Name T. J. Scott
13. Birthplace ..... (City, town or county) Ala. (State or foreign country)
MOTHER 14. Maiden name Mary J. John
15. Birthplace ..... (City, town or county) Penn. (State or foreign country)
16 (a) Informant's own signature Elmer Dingman
(b) Address Nashville, Mo.
17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Mo.
18 (a) Signature of funeral director W. E. Ellsworth
(b) Address 114 W. 6th Pittsburg, Ks.
19 (a) 2/8/41 (Date received local registrar) (b) Geo. P. Geck (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Feb. day 6th year 1941 hour 1:00 minute ..... A. M.
21. I hereby certify that I attended the deceased from 7/25/37, 19..., to 1/29, 1941, that I last saw her alive on 1/29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — DURATION
Due to ..... — DURATION
Due to ..... — DURATION
Other conditions (Include pregnancy within 3 months of death) ..... — DURATION
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 Geo. P. Geck (M. D. or other)
Address Meadow Mines Date signed .....

Mo

18-3489-s 3-40—80M

This property is exempt from taxation under Section 11 of the Act of Congress, March 3, 1921, Bureau of Occupations, Vital Statistics, Important.