

FILED JUN 18 1943

Registration District No. _____

Primary Registration District No. 1001

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2nd + Sylvania on Street 3
(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 46 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD 6
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wiley Everett Dittmore
 3. (b) If veteran. name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 25
 year 1942 hour 10 minute 30 a.m.
 21. I hereby certify that I attended the deceased from on
May 25 1942 to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora May Dittmore
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Nov 6
(Month) (Day) (Year)

Immediate cause of death:
Coronary occlusion
 Duration 1 day

8. AGE: Years 51 Months 6 Days 19
 If less than one day _____ hr. _____ min.

Due to Angina Pectoris 16 mos
 Due to _____

9. Birthplace RFD 6 St Joseph Mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 94 a

10. Usual occupation Farmer

Major findings: Of operations _____
 Of autopsy no

11. Industry or business _____

MOTHER FATHER {
 12. Name George Dittmore
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Eva Graves
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs W.E. Dittmore
 (b) Address RFD 6 St Joseph, Mo.

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? _____

17. (a) Burial (b) Date thereof May 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland

While at work? _____ (Specify type of place)
 (e) Means of injury Coroner

18. (a) Signature of funeral director Wiley Everett Dittmore
 (b) Address St Joseph, Mo.
 19. (a) 5-26-42 (b) W. R. H. H. H.
(Date received local registrar) (Registrar's signature)

23. Signature H F Mundy (M. D. or other) _____
 Address 404 So 3d St Date signed 5/25/42

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

John H. Huley

Licensed Embalmer No.

40510

P.O. Address

St Joseph Mo

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.