

DEPARTMENT OF COMMERCE

FILED AUG 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23827

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 726

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural* St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buchanan County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one month
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vincent H. Dittmore

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Lillie M. Dittmore 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 28, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name William E. Dittmore

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Annacinda Riley

15. Birthplace Buchanan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Adelber Dittmore

(b) Address De Kalb, Mo.

17. (a) Burial (b) Date thereof July 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Edmond St. Joseph

(b) Address 5025 King Hill Ave. St. Joseph

19. (a) 7-28-42 (b) Rae Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
De Kalb
(c) City or town De Kalb
(If outside city or town limits, write "RURAL")
(d) Street No. De Kalb
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from July 15/42 to July 26/42
that I last saw him alive on July 26 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Intestinal Nephritis

Due to Due to Age

Other conditions 309
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none to my knowledge

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Albert E. Holley (M. D. or other)
Address 822 Edmond St. Joseph, Mo. Date signed 7/28/42

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

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.....

Ernest Clark

Licensed Embalmer No. **4238**

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.