S. No. 2
0M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20326

FILED JUN 30 1943

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2720

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 DeLora Rest Home - 622 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community 33 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 622 Benton Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---

3. (a) PRINT FULL NAME: Mr. John Crocket Dingle

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: Widowed

6. (b) Name of husband or wife: Mrs. Bertie Dingle

6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: November (Month) 10 (Day) 1863 (Year)

8. AGE: Years 79 Months 7 Days 4 — If less than one day: hr. min.

9. Birthplace: Palmyra (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation: Travelling Shoe Salesman

11. Industry or business: Retired

FATHER
12. Name: Winer C. Dingle
13. Birthplace: Unknown (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name: Mary Shannon
15. Birthplace: Elizabethtown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Pauline B. Knobbs
(b) Address: Nashville Tenn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Missouri

18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 6-16-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1943 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5/28/43, 19__, to 6/14/43, 19__; that I last saw him alive on 6/13/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 6 mon

Due to: Pneumonia — 2 days

Due to: 9/30

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

Major findings: Of operations: None

Of autopsy: None

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): No

(b) Date of occurrence: No

(c) Where did injury occur? (City or town) (County) (State): No

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): No

While at work? No (e) Means of injury:

23. Signature: D. W. Cunningham (M.D. or other)

Address: 200 Brady Bldg. Kansas City Mo. Date signed: 6/15/43

(Licensed Embalmer's Statement on Reverse Side)

800 [redacted] Independence Bldg.
2:30-5:30

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. H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.