

No. 2
A-2-43
5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27698

State File No. _____

FILED SEP 13 1943

Registration District No. 41

Primary Registration District No. 5132

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: R.F.D. # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime
(Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Buchanan

(c) City or town St. Halls (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Dittimore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James E. Sr.

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased: October 12, 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William N. Lux

13. Birthplace Indiana
(State or foreign country)

14. Maiden name Mary M. Vest
(State or foreign country)

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

16. (a) Informant James E. Dittimore (son)

(b) Address R. D. # 2 Halls, Mo.

17. (a) Burial (b) Date thereof 8/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Gripp

(b) Address 6054 Pryor Ave. City

19. (a) Aug 6 1943 (b) Apal E. Passer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 7 hour 40 minute P M.

21. I hereby certify that I attended the deceased from 7-27, 1943, to 7-28 (28), 1943
that I last saw her alive on 7-28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Exocarditis, Chr. Duration _____

Due to Chr. Myocardial Degeneration
Artero Sclerosis - Ch. Nephritis

Due to (Bronchea) - Irritation

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

Major findings: None 1318

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) ✓

(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) (e) Means of injury ✓

23. Signature B B Simmons (M. D. or other) ✓
Address St. Joseph, Mo. Date signed 8/3/43

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 John E. Rupp
Licensed Embalmer No. 3986
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.