

NOV 6 1943

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 60

1. PLACE OF DEATH:

(a) County GASCONADE
 (b) City or town RURAL CANAAN TWP.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: -
 (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 4 YEARS

3. (a) PRINT FULL NAME DONALD EDWARD DITTMAN

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JULY 6 1939
 (Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 19 If less than one day hr. - min. -

9. Birthplace BLAND ROUTE 1 MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business -

12. Name EDWARD DITTMAN

13. Birthplace BLAND MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name LENA POHLMAN

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

16. (a) Informant Edward Dittman

(b) Address Bland, Mo. Route 1.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 27 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Howard Cemetery

18. (a) Signature of funeral director Myrtle M. Wenkel

(b) Address Quincyville Mo.

19. (a) 10-26-43 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
 (c) City or town RURAL (If outside city or town limits, write "RURAL")
 (d) Street No. BLAND, Mo. ROUTE 1. (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25
 year 1943 hour - minute - M.

21. I hereby certify that I attended the deceased from June 13 1943 to Oct. 25 1943

that I last saw him alive on Oct. 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation with enlarged heart

Due to Lymphatic Leukemia, Chronic

Due to 74a

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

Major findings: Biopsy of lymph gland of neck revealed a lymphatic leukemia

Of autopsy None

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 Paul A. Brenner (M. D. or other)

Address Quincyville Mo. Date signed 10-25-43

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melford Winter
Licensed Embalmer No. 3838
P. O. Address Quincy, Ill.

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.