

FILED NOV 9 1944
Registration District No. _____

Primary Registration District No. 5816

1. PLACE OF DEATH

(a) County Morgan

(b) City or town Paris, Richland

(c) Name of hospital or institution: St. Mary's Hospital

(d) Length of stay: In hospital or institution 2 weeks

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan

(c) City or town Otterville, Mo

(d) Street No. Richland Turnp.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Martha Jane Dimviddie

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 12 1943 to Oct 18 1943 that I last saw him alive on Oct 17 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Geo B. Dimviddie

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

7. Birth date of deceased Oct - 15 - 1854

Immediate cause of death Chronic Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) Internal Infection

9. Birthplace Morgan Co Mo

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: _____

11. Industry or business _____

12. Name Mr Hanson Finley

13. Birthplace State of Mo

14. Maiden name May Brewer

15. Birthplace State of Mo

16. (a) Informant Mrs Newton Richland

(b) Address Otterville Mo

17. (a) Burial (b) Date thereof 10-17-43

(c) Place; burial or cremation Smithton Mo

18. (a) Signature of funeral director C. F. Neumeyer

(b) Address Smithton Mo

19. (a) Oct 30, 43 (b) Henry Kups

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Edith Fogle (M. D. or other) MD

Address Otterville Mo Date signed 10/21

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

100

1032

RECEIVED

District Health Officer No. 7,

District Number 10-43-1197

Date Recd. 11-8-43

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..... A. F. Neumeier
Licensed Embalmer No. 3912
P. O. Address. Smithton 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.