

No. 2
5-42

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1943
254

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38750
Registrar's No. 24

Registration District No. 254 Primary Registration District No. 5816

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural
(c) Name of hospital or institution: 4 miles n. of Florence
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

3. (a) PRINT FULL NAME AUGUST DITTMER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Mar 22 - 1884

8. AGE: Years 59 Months 7 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Saline County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Henry Dittmer
13. Birthplace State of Missouri
14. Maiden name Margaret Ratcliff
15. Birthplace State of Missouri

16. (a) Informant Mrs. Laura Dittmer
(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo
18. (a) Signature of funeral director R. F. Hammer

(b) Address Smithton Mo
19. (a) Nov. 4 43 (b) Henry Kipp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural
(d) Street No. Richland Jump
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 1 year 1943 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from June 4 to Nov 1
that I last saw him alive on Dec 15
and that death occurred on the date and hour stated above.

Immediate cause of death: Postero-lateral Sclerosis of spine
Due to _____

Other conditions (Include pregnancy within 3 months of death) 2.1

Major findings: Of operations _____
Of autopsy _____

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 E. E. Wilson (M. D. or other) Mo
Date signed 11/7/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 22 1942

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1271

Date Filed 11-20-43

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. Neumeyer

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.