

FILED MAR 11 1944

Registration District No. **778**

Primary Registration District No. **5440**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **RURAL CLAY TWP.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 YEARS** (Specify whether years, months or days)
In this community **8 YEARS**

3. (a) PRINT FULL NAME

EDNA A. DITTMAN

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **FEMALE** 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 **JUNE 2 1930**
(Month) (Day) (Year)

8. AGE: Years **13** Months **6** Days **2** If less than one day **✓** hr. **✓** min.

9. Birthplace **MARYLAND HEIGHTS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **RICHARD DITTMAN**
13. Birthplace **CANAAN MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **MABLE TAYLOR**
15. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **EZRA PAASCH**
(b) Address **BLAND, Mo.**

17. (a) **BURIAL** (b) Date thereof **2-7-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HOWARD CEMETERY**

18. (a) Signature of funeral director **Myford N. N. Winter**
(b) Address **Quenerville, Mo.**

19. (a) **February 7, 1944** (b) **Myrtle M. Wenker**
(Date received local registrar) (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 ROUTE**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **4**
year **1944** hour **4** minute **5** M.

21. I hereby certify that I attended the deceased from **2-5-1944**
to **2-7-1944**
that I last saw her alive on **2-7-1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis** Duration

Due to **Rheumatism**

Due to

Other conditions **Anemia**
(Include pregnancy within 3 months of death)

Major findings: Of operations **720** Of autopsy **720**
PHYSICIAN **92.8**
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 **Ind.**

23. Signature **Ed Bunge** (M. D. or other)
Address **Blond 2nd** Date signed **2-5-44**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-9-44

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 H. Winter
Licensed Embalmer No. 3878

P. O. Address Quincy, 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.