

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15897

Do not use this space.

FILED MAY 13 1944

1. PLACE OF DEATH

(a) County Saline

Registration District No. 324

(b) Township Marshall

Primary Registration District No. 6093

Registered No. 84

(c) City Marshall Mo

(d) Street No. mn 8th St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Medora La Velle Dittmore

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

2 1

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

0

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

—

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1921

7. AGE

YEARS

22

MONTHS

4

DAYS

6

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

—

9. Industry or business in which work
was done, as saw mill, bank, etc.

—

10. Date deceased last worked at
this occupation (month and
year)

—

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN) De Kalb, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME V. H. Dittmore

14. BIRTHPLACE (CITY OR TOWN) De Kalb, Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Lillie McQueen

16. BIRTHPLACE (CITY OR TOWN) Cass Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Mo. State School Records
(ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE De Kalb Mo DATE 4-27 1944

19. FUNERAL DIRECTOR (NAME) Campbell & Lewis
(ADDRESS) Marshall Mo

20. FILED 4-26 1944 Trus T. O. Westhorne
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

19

22. I HEREBY CERTIFY, That I attended deceased from
March 15, 1944, to April 21, 1944

I last saw him alive on April 21, 1944 Death is said
to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

13 fl

Other contributory causes of importance:

Mongolian Idiocy

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) L. S. James, M. D.

(Address) Marshall, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-13-74

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

R. W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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, above space should be left blank.