

FILED SEP 13 1944

Registration District No. 197

Primary Registration District No. 3024

Registrar's No. 58

45  
1

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

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
317 Corprew Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 55 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. 317 Corprew Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Clifford Dimmitt

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 Married  
7. Birth date of deceased: June 24 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Talbot Dimmitt  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret McClure Long  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Mitchell Dimmitt

(b) Address 317 Corprew Ave. Fayette Mo.

17. (a) Burial (b) Date thereof 8-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette Missouri

19. (a) 8-12-1944 (b) Earl McMillan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th  
year 1944 hour 11:30 minute \_\_\_\_\_ PM \_\_\_\_\_ M \_\_\_\_\_

21. I hereby certify that I attended the deceased from July 11 to Aug 5  
that I last saw him alive on Aug 5  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. P. Coffman M. D. or other M.D.  
Address Lee Fayette Missouri Date signed 8-10-44

Duration 7-11-44  
1 year  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1321

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 9-12-44

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, ~~.....~~ .....

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

Signed Ralph A Carr .....

Licensed Embalmer No. 3340 .....

P. O. Address Fayette 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.