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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28878

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 153

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgerald Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County SALINE 97
(c) City or town SWEET SPRINGS MO
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL 2 MI SW ON 127
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29
year 1944 hour 10 minute 15 A. M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife ERNEST DITTMER
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased AUGUST 14 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 26 1944 to Aug. 29 1944
that I last saw her alive on Aug. 29 1944
and that death occurred on the date and hour stated above:

8. AGE: Years 59 Months 15 If less than one day _____ hr. _____ min.

Immediate cause of death: General peritonitis 5 days
Due to: Perforated Gall bladder 5 days

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

Other conditions: Mitral stenosis 31
(Include pregnancy within 3 months of death)
Chronic nephritic
Major findings: Peritonitis contained
Large amount green fluid (bile)
Of autopsy _____

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name CHRIS MEYER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name DINA DIETRICH
15. Birthplace EMMA MO (City, town, or county) (State or foreign country)

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

16. (a) Informant ERNEST DITTMER
(b) Address SWEET SPRINGS MO

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?

17. (a) REMOVAL (b) Date thereof Aug 29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EMMA MO

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] M. D. (M. D. or other)
Address Marshall Mo Date signed 8-29-44

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) 8-30-44 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

9-12-74

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.