

FILED SEP 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30501

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 898

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2822 Felix Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2822 Felix Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Dittmore,

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

6. (b) Name of husband or wife Mary F. Dittmore, 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased November 27, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer,

11. Industry or business Farm

12. Name Adam Dittmore,

13. Birthplace Buchanan County, Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Miller,

15. Birthplace Trenton, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Francis M. Dittmore

(b) Address 2822 Felix Street,

17. (a) Burial (b) Date thereof 9/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cemetery

18. (a) Signature of funeral director Walter Bowman Funeral Home

(b) Address 319 So. 10th Street,

19. (a) 9/11/44 (b) Walter J. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9th.
year 1944 hour 7:00 minute _____ a.m.

21. I hereby certify that I attended the deceased from July 25, 1944 to Sept 9, 1944
that I last saw him alive on Sept 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
General coronary
Sclerosis.

Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

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 _____

23. Signature E. M. Elvers (M. D. or other) MD

Address 317 Kirkpatrick Bldg Date signed 9-9-44

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

917

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 Frank A. Bowmay

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.