S. No. 2
M—2-43
5-17-39
1 X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 59

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5228

37439

State File No.

Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural Pleasant Hill Jr
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James Washington Dinges

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: Blanch Dinges

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: Aug. (Month) 28 (Day) 18 (Year)

8. AGE: Years 84 Months 2 Days 6 If less than one day hr. min.

9. Birthplace: Luray (City, town, or county) Va. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: John Dinges

13. Birthplace: ? (City, town, or county) Va. (State or foreign country)

14. Maiden name: Celia Jinkens

15. Birthplace: Pace Co. (City, town, or county) Va. (State or foreign country)

16. (a) Informant: Clark Dindes
(b) Address: Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.

18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.

19. (a) Nov. 14, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1944 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1944, to Nov. 4, 1944 that I last saw him alive on Nov. 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: 4 Arterio-sclerosis

Due to: Hypertension

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. Muna M.D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 11/6/44

1047

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1949

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 By me 11-5-44, Registered Apprentice No. , working under my personal supervision.

Signed. Allen Brownfield

Licensed Embalmer No. 3785-

P. O. Address. Pleasant Hill M

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.