

FILED MAR 24 1945

State File No.

Registration District No. 23

Primary Registration District No. 5132

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town. ~~St. Joseph~~ Halls (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1, Halls,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thelma Maxine Dittmore

3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Raymond
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased May 20, 1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 20
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Willard Cotter
13. Birthplace Halls, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cecil Eunice Martin
15. Birthplace Halls, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence R. Dittmore
(b) Address Rt. # 1, Halls, Missouri
17. (a) Burial (b) Date thereof 3/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 3-14-45 (b) Helen J. Rupp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Halls (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12,
year 1945 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from
March 5, 1945 to March 11, 1945;
that I last saw her alive on March 11, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Ptomain poisoning
(Toxemia)

Due to the consuming of Hamburgers

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (c) Means of injury
23. Signature Will N. Brown (M. D. or other)
Address 272 Logan, B. Date signed 3/14/45

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

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(Licensed Embalmer's Statement on Reverse Side)

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, John E. Rupp,
Registered Apprentice No. _____,
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 8986

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.