S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 112

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural S.T. JOseph Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ weeks (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 Rural Center Township
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi. So.W. of St. Joseph
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aldora Dittemore

3. (b) If veteran, name war No
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 Henry Dittemore
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased September (Month) 11 (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business at home

FATHER
12. Name Nelson Hawley
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Henry Dittemore
(b) Address R.R. #6, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Heaton Be Tale & Bowman
(b) Address St. Joseph, Mo.
19. (a) Jan 29, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 15, 1947 that I last saw her alive on Jan 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypo-static pneumonia	24 hrs
Congestive Heart failure	24 hrs
Due to peritonitis general	13 days
Due to Intestinal obstruction perforated gall bladder	17 days
Other conditions (Include pregnancy within 3 months of death) Large stone in jejunum	

Major findings: Of operations none. gb. perforated 1228
X Of autopsy Stone in jejunum

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 0

23. Signature H. S. Conrad (M. D. ~~or other~~)
Address St Joseph, Mo. Date signed 1-16-47

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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, ~~and by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Raymond H. Morehead

Licensed Embalmer No. 4413A

P. O. Address 319 So 10th St Joseph

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.