

S. No. 2
M-5-43
v. 5-17-39
1 X38871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8668**
Registrar's No. **1265**

FILED APR 12 1948

Registration District No. **149**

Primary Registration District No. **1002**

18
3
2

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alcott Conv. Home-309 Garfield 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3-17-48 3-22-48**
(Specify whether
In this community **20 year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3231 Prospect 8**
(If rural, give location)
(e) Citizen of foreign country? **unknown** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **George Rex Ditmars**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none 0**

4. Sex **Male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 7, 1893**
(Month) (Day) (Year)

8. AGE: Years **55** Months **0** Days **15** If less than one day _____ hr. _____ min.

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

10. Usual occupation **unknown 7**

11. Industry or business _____

12. Name **George Ditmars**

13. Birthplace _____ (City, town, or county) (State or foreign country) **Mo. 0**

14. Maiden name **Annie Laenhart**

15. Birthplace _____ (City, town, or county) (State or foreign country) **Mo. 0**

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 1**

17. (a) **Removal** (b) Date thereof **3-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Plattsburg MO**

18. (a) Signature of funeral director **None funeral home**

(b) Address **Plattsburg MO**

19. (a) **3-22-48** (b) **Defaldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22**
year **1948** hour **1** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **March - 1947** to **March 22, 1948**
that I last saw him alive on **March 21, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____

Of autopsy **None**

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 **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp** Date signed **3-22-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 19 1950

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.....
Wm A. Schmeck

Licensed Embalmer No. *3089*

P. O. Address. *ITC 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.