S. No. [illegible]
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29727

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3555

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: General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 5
(d) Street No. 2920 Olive (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Ditto

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Nov. (Month) 14 (Day) 1860 (Year)

8. AGE: Years 87 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

FATHER
12. Name Nevi Ditto
13. Birthplace Ohio (City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 8-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson County Med. Soc.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 8-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1948 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug. 14, 1948 to Aug. 24, 1948; that I last saw him alive on Aug. 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46b	
Major findings: Of operations	
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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-26-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Payton

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 Blaine E. Weibert

Licensed Embalmer No. 4078

P. O. Address K. C. 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.