S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35459

Primary Registration District No. 3000

Registrar's No. 333

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Atlanta 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Delmar Duain Dimmitt
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 13 (Day) 1948 (Year)
8. AGE: Years Months 6 Days 1 If less than one day hr. min.
9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Delmar F. Dimmitt 0
13. Birthplace Adair County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bonnie Biggs
15. Birthplace Adair County, Missouri ( ) (City, town, or county) (State or foreign country)
16. (a) Informant Delmar Dimmitt
(b) Address Atlanta, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hills Cmt.
18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri
19. (a) 11-19-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1948 hour 3:30 minute P: M.

21. I hereby certify that I attended the deceased from 12 Nov., 1948 to 14 Nov., 1948 that I last saw him alive on 14 Nov., 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis	2 days.
Due to Upper resp. infection	
Due to	
Other conditions Asthma, chronic (Include pregnancy within 3 months of death)	6 mo.
Achondroplastic dwarf	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Kemp (M. D. or other) M.D.
Address Kirksville, Mo. Date signed 11/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1980
Date Filed NOV 22 1948

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 Roy H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.