REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5242
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township of Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 441
(d) Street No. 4519 Gillham Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christian Mussen Ditlow
(a) Residence, No. 4519 Gillham Road St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Flossy A. Ditlow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-5-1881
7. AGE: Years 57 Months 3 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Boiler Maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: Benjamin W. Ditlow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Sarah A. Baer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT: B. M. Ditlow
(ADDRESS) 4519 Gillham Road.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE 2/3 1939
19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) 3235 Gillham Plaza
20. FILED 2/2 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to Feb. 2, 1939
I last saw h. alive on Feb. 1, 1939 Death is said to have occurred on the date stated above, at 4:12 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung	
" " liver (secondary)	
Intussusception of small bowel (probably post mortem)	

Other contributory causes of importance: 47

Name of operation Aspiration Left Pleura Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.