

Registration District No. 319

Primary Registration District No. 6078

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town RURAL JACKSON TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME JULIA A. DITCH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife G. FORTH DITCH 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased APRIL 2 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LAWRENCE TON O. M. I.  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name BARTLEY HIPES

13. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name MARY BENHAM

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Ditch

(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Blossville Mo

18. (a) Signature of funeral director Geo. L. Bashor

(b) Address St. Genevieve Mo

19. (a) Mar 20, 43 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. GENEVIEVE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20  
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from JAN 15  
\_\_\_\_\_, 1940, to MARCH 20, 1943,  
that I last saw her alive on MARCH 20, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 William J. ... (M. D. or other) M.D.  
Address St. Genevieve Mo Date signed 3-20-43

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

75  
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706

RECEIVED

District Health Officer No. 4

District File Number 443-2004

Date Filed 4-6-43

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**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 Lea C. Baskin

Licensed Embalmer No. 1985

P. O. Address St. Germaine Ill

**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.**