

S. No. 2
M-8-43
v. 5-17-39
-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40460**
Registrar's No. **301**

FILED DEC 18 1944

Registration District No. _____

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **"Rural" -- Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kirksville, Mo. R. R. No. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirksville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route No. 5**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Franklin Dimmitt**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Stella Stewart Dimmitt** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **August 29 1877**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Greencastle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Dimmitt**

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

14. Maiden name **Sarah Ellen Blakely**

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

16. (a) Informant **Delmar Dimmitt**

(b) Address **Kirksville, Mo**

17. (a) **Burial** (b) Date thereof **11/15/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ringo Point**

18. (a) Signature of funeral director **Delmar Dimmitt**
(b) Address **Kirksville**

19. (a) **11-24-44** (b) **Don L. Weyman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14**
year **1944** hour **1:00** minute **P:** _____ M.

21. I hereby certify that I attended the deceased from **Nov. 7** to **Nov. 14**, 19**44**
that I last saw him alive on **Nov. 7**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Hip Bone with general metastases.**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **lyf**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury **0**

23. Signature **Spencer L. Freeman M.D.** (Physician or other) **11/15/44**
Address **Kirksville, Mo.** Date signed **11/15/44**

Duration

18 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10
District File Number 12-44-2068
Date Filed DEC 15 1944

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... DEE R. [Signature]

Licensed Embalmer No. 4181

P. O. Address Westville, 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.