S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9887

FILED MAR 18 1946

Registration District No. 160 Primary Registration District No. 4250 5592 Registrar's No. 13

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

8813

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - JOACHIM TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NEAR JARVIS Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR JARVIS Mo 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ANNA C. DITTMER

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ——

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

7. Birth date of deceased FEB (Month) 13 (Day) 1858 (Year)

8. AGE: Years 88 Months — Days 16 If less than one day ..... hr. ..... min.

9. Birthplace NEAR GOLDMAN Mo. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home.

FATHER
12. Name JOHN F. DITTMER
13. Birthplace ? (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name SOPHIE HESSE
15. Birthplace ? (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MR. JOHN DITTMER
(b) Address HILLSBORO Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation JARVIS, Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo.

19. (a) March 2 1946 (Date received local registrar) (b) Cleona Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day —
year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar, 1944, to Mar, 19..., that I last saw h 24 alive on Mar 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	7 days
Due to Arteriosclerotic gangrene both feet	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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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)

While at work? ..... (e) Means of injury 0

23. Signature [signature] M.D. (M. D. or other)

Address [illegible] Date signed 1/1/46

142 (Licensed Embalmer's Statement on Reverse Side)

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.