

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 338

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Leveering Hosp. O
(If not in hospital or institution/write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 3189 N. Main 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph D. Dimmitt

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

4. Sex Male 5. Color or race White 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 December 29, 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1946 hour _____ minute 7 P.

21. I hereby certify that I attended the deceased from Oct 8 - 1946 to Oct 8 - 1946.
that I last saw him alive on Oct 8 - 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis

Due to _____

9. Birthplace Ballgo MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Nathan Dimmitt

{ 13. Birthplace _____ MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nanna Dimmitt

{ 15. Birthplace _____ MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Charlie Statton

(b) Address Ballgo, Mo

17. (a) Burial (b) Date thereof 10-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Cemetery

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal, Mo

19. (a) 10-23-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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 E. M. Lucke (M. D. or other) M. D.

Address Hannibal Date signed 10-

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.....

H. M. O'Connell

Licensed Embalmer No.....

3889

P. O. Address.....

Hannibal 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.