

FILED MAR 10 1944

Registration District No.

Primary Registration District No. 6078

Registrar's No. 7

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town St. Genevieve Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town St. Genevieve Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Twp.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME DAVID DITCH

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

4. Sex M.A.L.E. 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWER

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

7. Birth date of deceased OCT 7 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 4 7 hr. min.

9. Birthplace WATERLOO ILL
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER & SCHOOL TEACHER

11. Industry or business.....

MOTHER FATHER { 12. Name DAVID DITCH

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

14. Maiden name UNKNOWN (first name not known)

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

16. (a) Informant Valle Ditch

(b) Address 4221 Utah St. St. Louis Mo

17. (a) Burial (b) Date thereof 2-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Mo

18. (a) Signature of funeral director Reac. Baker

(b) Address St. Genevieve Mo

19. (a) Feb 16/44 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17
year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 8
1943 to Feb 14 1944
that I last saw him alive on Feb 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to General arteriosclerosis and Hypertension

Other conditions Old Hemiplegia

Major findings: Of operations 938

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 0

23. Signature P. B. Lanning (M. D.)
Address St. Genevieve Mo Date signed 2/17/44

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

95
00

RECEIVED

District Health Officer No. 4

District File Number 344-3511

Date Filed 3-8-44

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. Bacher

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.