REG'D JUN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19895
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township
(c) City Slater
Registration District No. 7 9 4
Primary Registration District No. 4 4 7 9
Registered No. 9 3
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Grace Marie Mitchell
(a) Residence, No. 324 Slater--Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF E. M. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23rd, 1876

7. AGE: Years 62 | Months 4 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Paul,
(STATE OR COUNTRY) Minnesota

FATHER
13. NAME Ed Bishop
14. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Miss Crawford
16. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY)

17. INFORMANT L. E. Mitchell
(ADDRESS) Slater, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Slater, Mo. DATE 5/4/'39 19

19. FUNERAL DIRECTOR Hill Brothers,
(ADDRESS) Slater, Mo.

20. FILED May 3 39 L. M. Little
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/'39 19

22. I HEREBY CERTIFY, That I attended deceased from 8-11 1938, to May 1 1939
I last saw her alive on 5-1 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 4-30-39
AHD

Other contributory causes of importance: Chr. Cholecystitis — ?

Name of operation None Date of
What test confirmed diagnosis Lab + clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. A. McDurney, M. D.
709 (Address) Slater, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

APR 16 1952

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/14/89

STATEMENT BY LICENSED EMBALMER

I, Sam M Hill, Licensed Embalmer No. 1292

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

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.)