

REC'D OCT 20 1939

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

31777
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 29
(b) Township Crause Primary Registration District No. 5046 Registered No. 32
(c) City Crause, Mo. R.R. (d) Street No. _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Johnie M. Mitchell
(a) Residence, No. Crause, Mo. R.R. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2nd 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 5 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Washington Mo.
13. NAME J. C. Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Mo.
15. MAIDEN NAME Sally Mahuron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Mo.
17. INFORMANT (ADDRESS) J. C. Mitchell Crause, Mo. R.R.
18. BURIAL, CREMATION, OR REMOVAL PLACE Outback DATE June 30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Worife - Belver Crause, Mo.
20. FILED 9-22 1939 Barry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th 1939
22. I HEREBY CERTIFY that I attended deceased from June 28 1939 to June 29 1939
I last saw him alive on July 29 1939. Death is said to have occurred on the date stated above, at 1:40 A.M.
The principal cause of death and related causes of importance were as follows:
Septicemic Throat
Other contributory causes of importance: 1150
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
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? _____
If so, specify _____
(Signed) W. C. Munford
(Address) Crause, Mo.

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.

50 M-1-12-33 I XI 6628

RECEIVED

Disp: Officer No. 6,

1039-2114

Date Filed OCT 18 1939

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 J. E. Gilman

Licensed Embalmer No. #3584

P. O. Address Cassville 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, above space should be left blank.