

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

**36127**  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County GREENE Registration District No. 376  
 (b) Township SPRINGFIELD Primary Registration District No. 6440 Registered No. 766  
 (c) City SPRINGFIELD (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS 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 0 yrs. 9 mos. 10 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** MITCHELL, Charles Benjamin

(a) Residence, No. \_\_\_\_\_ St.  Richmond, Virginia  
 (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) Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** -  
**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) Mar. 17, 1870  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 ✓ 69 7 0  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Painter  
**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)** Unknown  
**11. Total time (years) spent in this occupation** Unknown  
**12. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.  
**13. NAME** Henry Mitchell  
**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
**15. MAIDEN NAME** Mary (O'Connor) Mitchell  
**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
**17. INFORMANT** (ADDRESS) Deceased  
**18. BURIAL, CREMATION, OR REMOVAL** PLACE Springfield, Mo. DATE 10-17-39  
**19. FUNERAL DIRECTOR** (NAME) (ADDRESS) Theine Funeral Home Springfield, Mo.  
**20. FILED** Oct 17 1939 Chas A. George Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Oct. 17, 1939 19

**22. I HEREBY CERTIFY**, That I attended deceased from Jan. 7, 1939, 19, to Oct. 17, 1939, 19.  
 I last saw him alive on Oct. 17, 1939, 19. Death is said to have occurred on the date stated above, at 12:35 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the Stomach with metastasis of the liver 7-1-39  
 Other contributory causes of importance: None  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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 Surgeon  
 (Signed) E. H. Green, D. A. Surgeon, USPMSP.  
270 (Address) Clinical Director, Springfield, Mo.

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.

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**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

*Ralph Trinne*

Licensed Embalmer No.

*3681*

P. O. Address

*Sp. 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.**

*X*