

Registration District No. 449Primary Registration District No. 4067

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Laclede
- (b) City or town Lobanon
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Louise G. Wallace
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 11 days
(Specify whether _____)
- In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Archie Mitschele 328. (b) If veteran, name war World War 8. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____6. (b) Name of husband or wife Emma L. Mitschele 6. (c) Age of husband or wife if alive 44 years7. Birth date of deceased May 12 1890
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 6 27 hr. min.9. Birthplace Pulaski County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

12. Name Charles W. Mitschele13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)14. Maiden name Elvira Mae Taylor15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emma L. Mitschele(b) Address same17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richland - Mo.18. (a) Signature of funeral director T. H. Hoops & Sons(b) Address Crocker - Mo.19. (a) V (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski
- (c) City or town Richland - Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. Route 'Hanna'
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1939 hour 8 minute 40 P. M.21. I hereby certify that I attended the deceased from November 29, 1939, to Dec 9, 1939;that I last saw him alive on Dec 9, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Duration _____following septimalappendix

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 _____

23. Signature P. Thompson (M. D. or other) _____Address Richland Mo Date signed Dec 10

Registration

Please see letter to Board of Health
at once as I will want a certified copy
thereof.

Paul B. Hooper

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

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Grocks, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40066
Do not use this space.

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 449
 (b) Township Lebanon Primary Registration District No. 4267 Registered No.
 (c) City Lebanon (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Archie Mitsehele
 (a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4 1940 J. M. Caruth Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 P. Thompson M. D.
 (Signed) Lebanon (Address) 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

