

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 1820Registration District No. 87

Primary Registration District No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Melvin Mitchell 374

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Mar 30 1935
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
4 9 28 hr. min.9. Birthplace Butler County
(City, town, or county) (State or foreign country)10. Usual occupation School

11. Industry or business _____

12. Name Herman Mitchell13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Flora Brannon15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial (b) Date thereof Jan 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stringtown18. (a) Signature of funeral director Greer-Croy Service(b) Address Poplar Bluff, Mo.19. (a) 2-1-40 M. Sappington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler(c) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL")(d) Street No. Rural Rt 6
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Conflagration of dwelling
(complete)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 1/28-40(c) Where did injury occur? Butler Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on farmWhile at work? sleep (Specify type of place)
(e) Means of injury dwelling fire23. Signature Greer-Croy Service (M.D. or other)Address Poplar Bluff, Mo. Date signed 1/30/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 87

Primary Registration District No. 5129

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Bever Dam Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME

Melvin Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month) (Day) (Year)

8. AGE:

Years 4 Months 9 Days 28 If less than one day _____ hr _____ min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert A Mathers

(b) Address Paplar Bluffs

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) 5/17/40 Oblesinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

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year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and as stated above.

Immediate cause of death Heart

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernest W Green M. D.

Address Paplar Bluffs Date signed _____

MAY 17 1940