DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1979

Registration District No. 151 Primary Registration District No. 4085 Registrar's No. 102

1. PLACE OF DEATH:

(a) County CASS

(b) City or town DREXEL. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None. At home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At home. (Specify whether In this community Many Years. years, months or days)

324

3. (a) PRINT FULL NAME MALINDA ANN MITCHELL

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White

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

6. (b) Name of husband or wife Robt. Mitchell.

6. (c) Age of husband or wife if alive decsd years

7. Birth date of deceased August. (Month) 6 (Day) 1851. (Year)

8. AGE: Years 88 Months 5 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business General Household Duties.

FATHER
12. Name Nathan Duncan.
13. Birthplace Not Known. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Blevins.
15. Birthplace ___ (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature C. A. Mitchell

(b) Address Drexel. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9. 40. (Month) (Day) (Year)

(c) Place: burial ~~xxxxxx~~ Sharon Cemetery.

18. (a) Signature of funeral director J. B. Hays.

(b) Address Drexel. Mo. 177

19. (a) 1/8/40. (Date received local registrar) (b) John S. Bundy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.

(c) City or town Drexel. (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

20. DATE OF DEATH: Month Jan. day 7th year 1940. hour 3 minute 50 AM.

21. I hereby certify that I attended the deceased from July 24, 1939 to Jan 7, 1940 that I last saw her alive on Jan. 7th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardosis	5 yrs
Due to 9 B 2	
Due to	
Other conditions Terminal Hypostatic (Include pregnancy within 3 months of death) Pulmonary Congestion	24 hrs
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Basil C. Hartwell (M. D. ~~or other~~)

Address Drexel. Mo Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 1 X19511

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. B. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel - 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.