

EVER APR 27 1940  
Registration District No. 200

Primary Registration District No. 200

Registrar's No. 704

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

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jeffers-n-Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 4/5/40.  
(Specify whether  
In this community -  
years, months or days)

3. (a) PRINT FULL NAME Losen Edward Mitchell 1324

3. (b) If veteran, name war World War 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 18, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 1 21 hr. - min.

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

10. Usual occupation Farmer.

11. Industry or business -

MOTHER FATHER { 12. Name William Mitchell

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

14. Maiden name Margaret (surname unknown)

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

16. (a) Informant M. Schellie  
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (b) Date thereof 7-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARRIER MILLS, ILL.

18. (a) Signature of funeral director C. W. Hughes

(b) Address 7814 J. Woodway St.

19. (a) APR - 9 1940 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County -  
(c) City or town Carrier Mills  
(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 April day 9  
year 1940 hour 2:45 minute - p.m.

21. I hereby certify that I attended the deceased from April 5, 1940 to April 9, 1940;  
that I last saw him alive on April 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer, perforated, with peritonitis. Duration Apr. 2, 40

Due to -  
Due to -  
Other conditions None.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Laparotomy - closure of perforation, Apr. 5, 1940.  
Of operations -  
Of autopsy no autopsy.  
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? -

707  
While at work? Yes (Specify type of place) Carrier Mills, Ill. injury -  
23. Signature C. W. Hughes, M.D., (M. D. or other) -  
Address Chief Medical Officer, Vnt. Adm. Fac., Jeff. Bks., Mo.

**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 \_\_\_\_\_  
*Linus Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. BOWAY

**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.**