

No. 2
-11-10-39
5-17-39
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MAY 13 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14291

State File No. _____

Registration District No. 35

Primary Registration District No. 1001

Registrar's No. 375

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
115 Fulkerson 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Emery Morton Mitchell
3. (b) If veteran, name 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 Maude
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 11 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Eagleville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Grocery store

12. Name David Mitchell

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

14. Maiden name Eliza Mathis

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

16. (a) Informant Wife (Maude)

(b) Address 115 Fulkerson

17. (a) Burial (b) Date thereof April 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John E. Puff

(b) Address 6054 Pryor

19. (a) April 3-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Fulkerson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1st day First
year 1940 hour one o'clock minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 1st
1939 to Mar 1, 1940;
that I last saw him alive on Mar 1st, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myeloid Leukemia
Duration about 4 weeks

Due to Aggravated by an attack of influenza
From Nov 1 1939 to Dec 1-1939

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

Major findings: Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. A. Robertson (M. D. or other) ✓

Address 4210 1/2 King Hill Ave Date signed 4-2-40
St Joseph 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

John E. Ruff

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.