DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17794

Registration District No. 26 (JUN 14 1940)

Primary Registration District No. 5034

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (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 2 (Specify whether

In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. Trolley Heights (If rural, give location)

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

3. (a) PRINT FULL NAME Andrew J. Wright Mitchell 324

3. (b) If veteran, name war ____

3. (c) Social Security No. ---none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 2, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	4	____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business Farmer 9

FATHER
12. Name Wm. Mitchell 9
13. Birthplace DK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Williams
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs W H Mitchell

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo.

18. (a) Signature of funeral director Chas Amand Jr

(b) Address Mexico, Missouri

19. (a) May 6-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour 5:00 minute A.M. M.

21. I hereby certify that I attended the deceased from May 5, 1940, to May 6, 1940 that I last saw him alive on May 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to ____

Due to ____

Other conditions Chronic bronchial asthma (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

Duration

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 J. F. Hanson (M. D. or other) 1

Address Mexico, Mo. Date signed 5-6-40

(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. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 6-40-1186
Date Filed JUN 11 1940

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. 256

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.