

Registration District No. 1519

Primary Registration District No. 5729

Registrar's No.

1. PLACE OF DEATH:

(a) County. Cedar
(b) City or town. Jerico Spgs
(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. _____
In this community 87 years (Specify whether years, months or days) 324

3. (a) PRINT FULL NAME WILLIAM FRANKLIN MITCHELL

3. (b) If veteran, name war. 220 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 ELIZA ANN MITCHELL 6. (c) Age of husband or wife if alive. 86 years

7. Birth date of deceased MARCH 12 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>22</u>	hr. <u>✓</u> min. <u>✓</u>

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

10. Usual occupation Farmer-Merchant

11. Industry or business Retired

MOTHER FATHER { 12. Name Morris Mitchell

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

14. Maiden name JANE LINDBLEY

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

16. (a) Informant's own signature W Mitchell
(b) Address JERICCO SPGS MO

17. (a) Burial (b) Date thereof. 6-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CEAR, Co Mo

18. (a) Signature of funeral director W Mitchell
(b) Address JERICCO SPGS MO

19. (a) June 15 1940 (b) Mr Mary Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. CEAR
(c) City or town. JERICCO SPGS.
(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 JUNE day 4th
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4, 1940, 19, to June 4, 1940, 19, that I last saw him alive on June 4, 1940, 19, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>?</u>
Due to <u>Coronary Sclerosis</u>	<u>?</u>
Due to <u>Arteriosclerosis</u>	<u>?</u>
Other conditions (Include pregnancy within 3 months of death)	<u>98C</u>
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically
Of autopsy	

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? 155
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W Bennett (M. D. or other) 0
Address Jerico Springs, Mo. Date signed 6/6/40

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-40-1022

Date Filed 7-9-40

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.....

Personally....., Registered Apprentice No.....
working under my personal supervision.

Signed Carroll T. Beatty.....

Licensed Embalmer No. 2385.....

P. O. Address Sheldon 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.