No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Feller

State File No. 25194

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 586

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 983 N. Robberson 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 983 N. Robberson
(If rural, give location)

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

3. (a) PRINT FULL NAME Ettie E. Mitchell 324

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.M. Mitchell

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

7. Birth date of deceased Dec. (Month) 16 (Day) 1865 (Year)

8. AGE: Years 74 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Flint (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name S.C. Mills
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Caroline Corwien
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Loree Acton
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 16 (Day) 1940 (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) July 16, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1940 hour 9 minute 35 a.M.

21. I hereby certify that I attended the deceased from 5-7, 1940 to 7/14/, 1940 that I last saw her alive on 7/13/40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis with Hypertension & Cardiac failure

Due to Cerebral Hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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? 984 (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Feller (M. D. or other)
Address Springfield Mo. Date signed 7/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.