

Registration District No. **207** Primary Registration District No. **5287**

REC'D OCT 23 1940

1. PLACE OF DEATH:

(a) County **Clinton**
(b) City or town **Plattsburgh Rural**
(c) Name of hospital or institution: **Clinton Inf**
(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 **Clinton**
(c) City or town **Rural**
(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.

3. (a) PRINT FULL NAME **Herbert LeRoy Mitchell**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased **May 23 1938**
(Month) (Day) (Year)

8. AGE: Years **2** Months **3** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Charles Howard Mitchell**

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

14. Maiden name **Ann Russell**

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

16. (a) Informant **Clonetta Jeffers**

(b) Address **Plattsburgh**

17. (a) **Rural** (b) Date thereof **9/12/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tranquill Cemetery**

18. (a) Signature of funeral director **D. W. Sullivan**

(b) Address **Lawson, Mo**
19. (a) **Sept 11-40** (b) **Emilia Crisman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**
year **1940** hour **1** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Aug 26**
_____ 19**40** to **Sept 11** 19**40**
that I last saw him alive on **Sept 11** 19**40**
and that death occurred on the date and hour stated above

Immediate cause of death **Interoculitis**

Due to _____

Due to _____

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

Major findings: Of operations _____

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? **1899**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **S. D. Reynolds** (M. D. or other)

Address **Plattsburgh Mo** Date signed **9-11-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 11 1948

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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 H. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Gower, Md.

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.