

No. 2  
-11-10-39  
5-17-39  
-I X21492

FILED OCT 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32070**

Registration District No. **516**

Primary Registration District No. **2001**

Registrar's No. **792**

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:  
**1040 - Sherman Ave**  
(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 **50 yrs.**  
years, months or days

**8. (a) PRINT FULL NAME** **IRENE MITCHEL**  
**8. (b) If veteran, name war** **No**  
**3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **negro**  
**6. (a) Single, widowed, married, divorced** **married**  
**6. (b) Name of husband or wife** **Eugene Mitchel**  
**6. (c) Age of husband or wife if alive** **52** **years**  
**7. Birth date of deceased** **Jan 30 1890**  
(Month) (Day) (Year)

**8. AGE:** Years **50** Months **7** Days **27**  
If less than one day hr. min.

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

**10. Usual occupation** **Domestic**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **Wattie Hightower**  
**13. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Agnes Redd**  
**15. Birthplace** **Springfield Mo**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Eugene Mitchel**  
**(b) Address** **1040 Sherman Ave**

**17. (a) Burial** **(b) Date thereof** **Oct 30 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lincoln Memorial**

**18. (a) Signature of funeral director** **H.V. Smith**  
**(b) Address** **702 N. Jefferson**

**19. (a) Sept 30, 1940** **(b) W.E. Handley**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1040 Sherman**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**20. DATE OF DEATH:** Month **Sept.** day **27** year **1940** hour **7** minute **15** A.M.

**21. I hereby certify that I attended the deceased from** **March 2, 1940** to **Sept. 27, 1940**  
 that I last saw her alive on **Sept. 26, 1940**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Chr Hypertensive Cardiovascular**  
**Due to renal disease**  
**Due to don't know**

**Other conditions** **(Include pregnancy within 3 months of death)**  
**Major findings:** **121**  
 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?** **9/24**  
(Specify type of place) (c) Means of injury  
**While at work?** \_\_\_\_\_  
**Signature** **Arthur Knapp** **(M. D. or other)**  
**Address** **410 1/2 E Canal** **Date signed** **9/28/40**

**Duration**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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.....

*H.V. Smith*

Registered Apprentice No. ....

working under my personal supervision.

Signed .....

*H.V. Smith*

Licensed Embalmer No. ....

*3924*

P. O. Address .....

*702 - H. Jefferson*

**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.**

*✓*