

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 71

1. PLACE OF DEATH

(a) County Harrison  
(b) City or town Bethany Twp  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Lulu E. Mitchell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Clinton Mitchell 6. (c) Age of husband or wife 59 years  
7. Birth date of deceased November 15 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madison Twp Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Firework

11. Industry or business \_\_\_\_\_

12. Name Chas E. Kaupmann

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

14. Maiden name Mary Ann Sinderson

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

16. (a) Informant Clinton Mitchell

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Oct 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) 10-23-40 (b) A. L. Weisling  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1940 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Oct 2  
1940 to Oct 20 1940  
that I last saw her alive on Oct 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Left Breast

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? 302

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature E. F. Harding (M.D. or other) D.O.

Address Bethany Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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, fact should be so stated above.**