

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
NOV 2 1940
STANDARD CERTIFICATE OF DEATH

35451

State File No. _____
Registrar's No. 69

Registration District No. 378 Primary Registration District No. 4222

1. PLACE OF DEATH Howard Co.
(a) County Fayette,
(b) City or town Fayette,
(c) Name of hospital or institution: Lee Hosp,
(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

3. (a) PRINT FULL NAME Thomas Allen Fletcher Mitchell
3. (b) If veteran, name war _____ 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 Francis Ruth Mitchell 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 20th 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months I Days I6 If less than one day _____ hr. _____ min.

9. Birthplace North Carolina,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
MOTHER FATHER { 12. Name William Mitchell,
13. Birthplace North Carolina,
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Price,
15. Birthplace North Carolina,
(City, town, or county) (State or foreign country)

16. (a) Informant Wert Mitchell
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 10-8th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) Oct 9, 40 (b) Viola McCorle, dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard,
(c) City or town Fayette,
(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 October day 6
year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 5 1940 to Oct 6 1940,
that I last saw him alive on Oct 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days.

Due to Arteriosclerosis 3 yrs.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None Of operations None Of autopsy None
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? _____

(e) Means of injury _____

23. Signature Wm J. Shaw (M. D. or other) M.D.
While at work? _____ (Specify type of place) (e) Means of injury _____
Address Fayette, Mo. Date signed 10-7-40

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

Date Filed 11-14-40
District File Number
Public Health Officer No. 8
RECEIVED

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 Guy T. Halden
Licensed Embalmer No. 2966
P. O. Address Fayette

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.