

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

NOV 20 1940

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35723
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 491
 (b) Township Bedford Primary Registration District No. 4298
 (c) City Troy (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Mitchell

(a) Residence, No. _____ St. Elberry, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Georgia Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	31	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Missouri

FATHER

13. NAME Charles Overton Mitchell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Missouri

MOTHER

15. MAIDEN NAME Louise Clara Zuercher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Mo

17. INFORMANT (ADDRESS) Mrs C. O. Mitchell
Elberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery DATE Oct 27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyton Mill
Elberry, Mo.

20. FILED Oct 27 1940 Mrs Pearl Mueck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1940

22. I HEREBY CERTIFY, That I attended deceased from held request 1940 to Oct 25 - 1940, 1940
 I last saw him alive on _____, 1940. Death is said to have occurred on the date stated above, at 7:30 P. in.
 The principal cause of death and related causes of importance were as follows:
As result of automobile accident caused by reckless driving of Charles Mitchell.

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Pl. Neumert, M. D.
 (Address) 4110 G. C. Morrow, Mo.

10110
-116

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35-727**
Registral's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **491**

Primary Registration District No. **4298**

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

1. PLACE OF DEATH **Lipscomb**
 (a) County **Lipscomb**
 (b) City or town **Way**
 (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 _____
 In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Mitchell**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **31** Months **-** Days **7** If less than one day _____ h. _____ min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name _____
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 **10** day **25** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Result of auto accident caused by reckless driving of Charles Mitchell**
 Due to **car running into back of moving truck**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
 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) **Accidental**
 (b) Date of occurrence **10-25-40**
 (c) Where did injury occur? **near Troy Mo U.S. 61** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **[Signature]** (M. D. or other) _____
 Address **[Address]** Date signed **10/25/40**

SUPPLEMENTAL

3-40
7-39
X23159

Registration District No. 491

Primary Registration District No. 4299

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Tracy
(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 _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Elsherry
(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 Charles Mitchell

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 31

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

7. Birth date of deceased 10 18 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months _____ Days 7 If less than one day
hr. _____ min.

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Charles Quentin Mitchell
13. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Miss Clara Sutherland
15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. Mitchell
(b) Address Elsherry Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct 27 40
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Clifton Miles

(b) Address _____

19. (a) Oct 27 40 (b) Mrs Pearl Muck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Wed August, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
As result of Automobile
accident caused by
reckless driving of
Charles Mitchell

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? _____

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

23. Signature P. C. Neumann (M. D. or other) _____
Address Old Monroe Mo. Date signed Oct 25

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

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

S (2) 35723

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.