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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35855

Registration District No. 567 | Primary Registration District No. 5967 | Registrar's No. 6C

1. PLACE OF DEATH

(a) County: Mississippi
(b) City or town: Wolf Island 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: 14 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Miss
(c) City or town: Wolf Island
(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: JAMES H. 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: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Nov. (Month) 29 (Day) 1869 (Year)

8. AGE: Years: 70 | Months: 10 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Carlisle Co. Ky (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER
12. Name: George Mitchell
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or country) (State or foreign country)

16. (a) Informant: Milum Mitchell
(b) Address: Dorena, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 26-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Saffaras Ridge

18. (a) Signature of funeral director: Shears Shelly
(b) Address: East Prairie Mo

19. (a) 11-6-40 (Date received by registrar) (b) Mrs D M Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 26 year: 1940 hour: 2.30 minute: 9 M.

21. I hereby certify that I attended the deceased from Jan 31 1940 to Jan 1940, 1940, to Oct 26, 1940 that I last saw alive on Oct 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
92 Chronic Endocarditis	
Due to	
Due to 92 N	
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)
(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? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature: George W. Whitaker (M. D. or other)
Address: East Prairie Mo Date signed: 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 1140-17
Date Filed 11/15/4

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 Travis Shelby

Licensed Embalmer No. 2226

P. O. Address East Prairie Mo

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.