

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **General Hospital #2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **45 minutes**
 (Specify whether years, months or days) **13 yrs**

3. (a) PRINT FULL NAME **Andrew Mitchell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-05-1220**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **Mitchell** 6. (c) Age of husband or wife if alive **32** years
 7. Birth date of deceased **9 8 1907**
 (Month) (Day) (Year)

8. AGE: Years **33** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **SPRING Hill Arkansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **James H. Mitchell**
 13. Birthplace **Arkansas**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Bulah Brown**
 15. Birthplace **Arkansas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Eloin Mitchell Associate**

(b) Address **15 S. 5th Street, Kansas**

17. (a) **Burial** (b) Date thereof **12-5-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge town**

18. (a) Signature of funeral director **E. Spickard Miller**

(b) Address **1811 E 13th St. Kansas**

19. (a) **Dec. 23, 1940** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1328 Euclid Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** Day **18** Year **1940**
 hour _____ minute **8:37**

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

Immediate cause of death **Heart Failure**
 Due to **Dehydration**
 Due to **Dehydration**
 Other conditions **940**
 (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? **5**
 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature **Dr. Miller** (M. D. or other) _____
 Address _____ Date signed _____

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.....

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address.....

1811 E. 12th St. KC, 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, fact should be so stated above.