

ISSUED JAN 16 1941  
Registration District No. **378**

Primary Registration District No. **4222**

Registrar's No. **86**

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

1. PLACE OF DEATH:

(a) County **Howard,**  
(b) City or town **Fayette,**  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) **2**

3. (a) PRINT FULL NAME **Francis Ruth Mitchell,**

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

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Widowed,**

6. (b) Name of husband or wife **T.A.F. Mitchell** 6. (c) Age of husband or wife if **12th 1886** years

7. Birth date of deceased (Month) (Day) (Year)  
**December 12th 1886**

8. AGE: Years Months Days If less than one day  
**79 2 17** hr. min.

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country)  
**At home.**

10. Usual occupation \_\_\_\_\_

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

12. Name **William Hill,**

18. Birthplace **Virginia,** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Catherine Bassett,**

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

18. (a) Informant **Mrs Wirt Mitchell,**

(b) Address **Fayette, Mo.**

17. (a) **Burial,** (b) Date thereof **12 13th 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) **12-19-40** (b) **Anna P. Mitchell**  
(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 **Dec** day **12** year **1940** hour **10:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 1936** to **Dec 12 1940** that I last saw **him** alive on **Dec 12 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of left breast** Duration **4 yrs.**

Due to \_\_\_\_\_ **50**  
Due to \_\_\_\_\_

Other conditions: **Mediastinal involvement.**  
(Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature **Wm J. Shaw** (M. D. or other) **M.D.**  
Address **Fayette Mo.** Date signed **12-17-40**

RECEIVED  
District Health Officer No. 8,  
District File Number 17-7-71  
Date Filed \_\_\_\_\_

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**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. Harvey  
Licensed Embalmer No. 2965  
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.