

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43984

State File No. \_\_\_\_\_  
Registrar's No. 184

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town Marshall

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Live  
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall  
(If outside city or town limits, write "RURAL")

(d) Street No. West Clay  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Henry 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 Widowed

6. (b) Name of husband or wife Mary Mitchell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14 1863  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 8: minute 18 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Dec 18, 1940

that I last saw him alive on Dec 18, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death arteriosclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 97

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Patrick Mitchell

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

14. Maiden name Mary Maloney

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Francis Mitchell

(b) Address Marshall Missouri

17. (a) Burial (b) Date thereof Dec 21 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Short

(b) Address Marshall Missouri

19. (a) 12-20-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Date signed 12/20/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-10-41

**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 Donald W. Short  
Licensed Embalmer No. 3757  
P. O. Address Marshall

**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.**