

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4665

Registration District No. 263

Primary Registration District No. 6137

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Piney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 66
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location) Piney
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME George W 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 3

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

7. Birth date of deceased June 21 1894
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Mitchell

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

14. Maiden name unknown

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

16. (a) Informant Nora Smallin

(b) Address Bucyrus Mo

17. (a) Burial (b) Date thereof Jan 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bykes Cemetery

18. (a) Signature of funeral director Gayles V. Elliott

(b) Address Houston

19. (a) 1-18-41 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour 2 minute 9 P. 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 _____

Gardner's suffocation

Due to _____

Due to ASC

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. P. Hubbard

Address 7605 S. 1st St Date signed _____

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

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

RECEIVED

District Health Officer No. 5,

District File Number 241248

Date Filed _____

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.