

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9839

FILED APR 15 1941
Registration District No. 299

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1248

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

1. PLACE OF DEATH:
(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:
3503 East 34 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 Years
(Specify whether years, months or days)

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. 3503 East 34 Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mr. William Henry Mitchell

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary Frances Mitchell 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 20 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 8 _____ hr. _____ min.

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

10. Usual occupation Retired Excavating Contractor

11. Industry or business _____

12. Name Horace William Mitchell

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

14. Maiden name Nancy Hastings

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

16. (a) Informant Mrs Elizabeth Hancock
(b) Address 3503 East 34 St

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of cremation Brookings Cemetery

18. (a) Signature of funeral director D. P. Newcomb
(b) Address 1401 Brush Creek Blvd

19. (a) 3/28/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28 th
year 1941 hour 6 minute 17 A.M.

21. I hereby certify that I attended the deceased from March 20, 1941, to March 28, 1941;
that I last saw him alive on March 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration 6 days

Due to _____
Due to _____

Other conditions Hypertrophied prostate 3 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____

23. Signature John K. Lewis M.D. (M. D. or other)
Address 3548 Dubois Date signed 3-28-41

2-5-7-8

Mitchell

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. 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.