

13-40
7-39

APR 9 1941
Registration District No. 138

Primary Registration District No. 4078

Registrar's No. 13878

1. PLACE OF DEATH:
 (a) County: Carroll
 (b) City or town: Norborne Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Dr. Cole Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution five days
 (Specify whether
 In this community County Five years 0
 years, months or days)

3. (a) PRINT FULL NAME: Henry Mitte
 3. (b) If veteran, name war: World War
 3. (c) Social Security No.:

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Mrs. Frieda Mitte
 6. (c) Age of husband or wife if alive: 40 years
 7. Birth date of deceased: 2 (Month) 20 (Day) 1896 (Year)

8. AGE: Years 45 Months 1 Days 26
 If less than one day hr. min.

9. Birthplace: Norborne Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Wounded war Vet

11. Industry or business: World war

12. Name: Detrie Mitte

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

14. Maiden name: Hopha Mitte (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Frieda Mitte

(b) Address: Norborne Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 30 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Funerary

18. (a) Signature of funeral director: John H. Deitch

(b) Address: Norborne Mo.

19. (a) 3-29-41 (Date received local registrar) (b) Bl. Cole (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Carroll
 (c) City or town: Norborne Mo 17
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 3
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-2-
1941, to 3-20-, 1941;
 that I last saw him alive on 3-20-, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple Brain Abscesses Duration 3 Days

Due to: Autism 2 Weeks

Due to: Influenza 3 Weeks

Other conditions: 338
 (Include pregnancy within 3 months of death)

Major findings: Purulent
 Of operations:
 Of autopsy: NO

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

23. Signature: Belser (M. D. or other) 11

Address: Norborne Mo Date signed: 3-29-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-7-41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norbone nw

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.