

APR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10651

State File No. _____

Registration District No. 316

Primary Registration District No. 4191

Registrar's No. _____

1. PLACE OF DEATH

(a) County Greene

(b) City or town Ash Grove
(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 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Ash Grove, 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Margaret Mitchell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Josh Mitchell

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

7. Birth date of deceased August - 11 - 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business housekeeping

MOTHER FATHER

12. Name Jack Cottner

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

14. Maiden name Orlena Yalls

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

16. (a) Informant Mrs Joe Collins

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof March 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove, Greene County

18. (a) Signature of funeral director Genea Brown

(b) Address Greene, Greene Mo

19. (a) 3-8-41 (b) Medeard Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1941 hour _____ minute 7 M.

21. I hereby certify that I attended the deceased from Jan _____, 1941, to March _____, 1941;
that I last saw her alive on March 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic degenerative sup carditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration _____

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? no (Specify type of place) _____ (e) Means of injury _____

23. Signature Charles H. Wiffaffie (M. D. MD)
Address Ash Grove Date signed 3-8-41

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

9
1
0

RECEIVED

Greene County Health Office,

County File Number 41-4-39

Date Filed 4/21/41

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 J. W. Dinch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, Tenn.

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.