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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13696**
Registrar's No. **1677**

Registration District No. **399**

Primary Registration District No. **1002**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether
In this community **11 Years**
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. **14 East 52nd Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26** th
year **1941** hour _____ minute _____ P.A.M.

21. I hereby certify that I attended the deceased from
April 21 19**41** to **April 26** 19**41**
that I last saw him alive on **April 26, 1941** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia

Due to **Chronic glomerulo-nephritis** 2 yrs.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Given above**

Duration
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 _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)

While at work? _____ (e) Means of transport _____

23. Signature **Obstetrician M.D.**
Address **800 Argyle Bldg** Date signed **4/27/41**

3. (a) PRINT FULL NAME **Mr. Alfred J. Mitchell**

3. (b) If veteran, name war **World War** 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. Leona Mitchell** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **April 10 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 16 hr. min.

9. Birthplace **Newton Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Photographer**

11. Industry or business **J. Alfred Mitchell Studios**

MOTHER-FATHER
12. Name **Frank Mitchell**
13. Birthplace **Jamesville, Wis.**
(City, town, or county) (State or foreign country)
14. Maiden name **May Gephart**
15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leona Mitchell**
(b) Address **14 East 52nd Street**

17. (a) **Burial** (b) Date thereof **April 29, 1941**
(Burial, cremation, or removal) (City or town) (County) (State)
Memorial Park Cemetery
(c) Place: burial or cremation **Topeka, Kansas**

18. (a) Signature of funeral director **D. H. Huwatt, M.D.**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **Apr 28, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

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..... *K C Newcomer*

Licensed Embalmer No..... *4043*

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.