

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14225**

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 22

1. PLACE OF DEATH: Cedar
 (a) County El Dorado Springs
 (b) City or town El Dorado Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 218 N. Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs (Specify whether
 In this community 10 yrs years, months or days)

3. (a) PRINT FULL NAME MARY CRIS MITCHUM
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Samuel Benjamin Mitchum 6. (c) Age of husband or wife if alive 28 years (Day) (Year)
 7. Birth date of deceased August 28 1877 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name of father Robert Compton
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Watkins Brown
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Lynn
 (b) Address 218 N. MAIN

17. (a) Burial (b) Date thereof 4/18/41 (Month) (Day) (Year)
 (c) Place: burial or cremation Newton Park - Madama

18. (a) Signature of funeral director El Dorado Springs Mo
 (b) Address El Dorado Springs Mo

19. (a) 4-17-41 (b) C. W. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Cedar 20
 (c) City or town El Dorado Springs (If outside city or town limits, write "RURAL") 1
 (d) Street No. 218 N Main (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 16th year 1941 hour 4 minute 30 a.m.
 21. I hereby certify that I attended the deceased from Apr 16, 1941, to Apr 26, 1941; that I last saw her or alive on Apr 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Angina pectoris
 Due to 94 B
 Due to 94 B
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 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?
FI
 While at work? (Specify type of place) (e) Means of injury 2
 23. Signature C. H. Runderwirth (M. D. or other) D.O.
 Address El Dorado Springs Date signed 4-17-41

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-819

Date Filed 5-9-41

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 George W. Mofus

Licensed Embalmer No. 2752

P. O. Address El Dorado, Ark. 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.