

Registration District No. 294 Primary Registration District No. 5409M Registrar's No. _____

1. PLACE OF DEATH
(a) County Franklin
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days
3. (a) PRINT FULL NAME Thomas S. Mitchell
3. (b) If veteran, name war no 3. (c) Social Security No. no

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural
(d) Street No. Central Hwy - 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan - 3 1941 to May 4 1941
that I last saw him alive on May 2 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Condelia Mitchell 6. (c) Age of husband or wife if alive 5-8 years
7. Birth date of deceased Apr 18 1877
(Month) (Day) (Year)

Immediate cause of death Cancer of Esophagus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration months

8. AGE: Years 64 Months 16 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Lebanon Mo
(City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business farmer
12. Name Henry Smith Mitchell
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Paulina Alexander
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Condelia Mitchell
(b) Address Mitchell Mo
17. (a) Rural (b) Date thereof 5-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Catholic
18. (a) Signature of funeral director Shannon Mitchell
(b) Address St. Clair, Mo
19. (a) May 9, 41 (b) W. H. Duckworth
(Date received local registrar) (Registrar's signature)

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? 267 (Specify type of place) (e) Means of injury _____
23. Signature W. S. Kitchee (M. D. or other) _____
Address St. Clair Date signed 5/7/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Sherwood Mitchell

Licensed Embalmer No.....

3873

P. O. Address.....

H. Clair, m

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.