

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

18241  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lafayette Registration District No. 466  
 (b) Township Clay Primary Registration District No. 4279  
 (c) City Wellington (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nina Mitchell  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2. 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) May 1941 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Wellington  
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Lee Mirise  
 14. BIRTHPLACE (CITY OR TOWN) Wellington  
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ella Wright  
 16. BIRTHPLACE (CITY OR TOWN) Wellington  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Eugene Mitchell  
 (ADDRESS) Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wellington Mo DATE May 27 1941

19. FUNERAL DIRECTOR (NAME) W. Roy Ewen  
 (ADDRESS) Wellington, Mo.

20. FILED May 26, 1941 F. H. Mann  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25<sup>th</sup> 1941

22. I HEREBY CERTIFY, That I attended deceased from May 8<sup>th</sup> 1941 to May 25<sup>th</sup> 1941  
 I last saw her alive on May 11<sup>th</sup> 1941. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy of Brain Date of onset 5-12-41

Other contributor causes of importance:

Don't know.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. B. Watts M. D.  
 (Address) Wellington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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**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.....  
W. Roy Ewen  
*W. Roy Ewen*

Licensed Embalmer No. 3070

P. O. Address Wellington No.

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18241

Registration District No. 466

Primary Registration District No. 4279

Registrar's No.

1. PLACE OF DEATH

(a) County Lafayette  
(b) City or town Wellington  
(If outside city or town limits, write "RURAL" and name of township)  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Lafayette  
(c) City or town Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Nina Mitchell  
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 25  
year 1944 hour minute M.  
21. I hereby certify that I attended the deceased from  
19 to 19  
that last saw him alive on 19  
and that death occurred on the date and hour stated above.  
Immediate cause of death Duration

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive year  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 6 23 hr min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address  
17. (a) (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director (b) Address  
19. (a) (b) Ft. Mans (Registrar's signature)  
(Date received local registrar)

Due to  
Due to  
Other conditions (Include pregnancy within 9 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?  
While at work (Specify type of place) (b) Means of injury  
23. Signature R. B. Watts (M. D. or other)  
Address Wellington MD Date signed

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

SUPPLEMENTARY

S-18241