

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24822

State File No. _____

on District No. 163

Primary Registration District No. 4095

Registrar's No. 37

1. PLACE OF DEATH:

(a) County. Cedar
(b) City or town. El Dorado Spgs.
(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 _____ / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Cedar 020
(c) City or town. El Dorado Spgs mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 106 S Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME CORDELIA ANN MITCHELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William M. Mitchell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 4 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace. Montre Co Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

MOTHER FATHER } 12. Name. Jessie Womack
13. Birthplace Ky-1
(City, town, or county) (State or foreign country)
14. Maiden name. Lydia Horton
15. Birthplace Ky-1
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Wm Mitchell
(b) Address El Dorado Spgs mo

17. (a) Burial (b) Date thereof July 29
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Cem El Dorado Spgs

18. (a) Signature of funeral director... Carolyn Nafis

(b) Address 206 S Main El Dorado Spgs mo

19. (a) 7-29-41 (b) J. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 5:00 minute _____ M.

21. I hereby certify that I attended the deceased from July 14 1941 to July 31 1941; that I last saw H.A.L. alive on July 27 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Heart w/ly emphy Duration _____

Due to arterio & oc infarct
Arterio & oc infarct
in heart July 14-1941
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____ 020
(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) (e) Means of injury _____

23. Signature J. Dawson (M. D. or other) _____
Address El Dorado Spgs mo Date signed 7/29

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

RECEIVED

District Health Officer No. 7

District File Number: 8-41-1273

Date Filed: 8-8-41

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 *Mrs Carolyn Hafus*

Licensed Embalmer No. *2635*

P. O. Address *2069 Main St. Dorado*

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.

0. 2
4-41
7-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24822
Registrar's No. 37

Registration District No. 163
Primary Registration District No. 4095

1. PLACE OF DEATH:
(a) County Cedar
(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:
(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 Cornelia A. Mitchell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
hr min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-29-41 (b) J. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____
Due to Arterial Corosis
Due to _____

Other conditions Fracture of Pelvic bone
(Include pregnancy within 3 months of death)

Major findings: bone PHYSICIAN _____
Of operations _____
Of autopsy _____
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) accident. O20

(b) Date of occurrence 7-13-41

(c) Where did injury occur? El Dorado Springs Cedar mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury Fall

23. Signature R Crawford (M. D. or other) _____
Address El Dorado Springs Date signed 7-29

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

SUPPLEMENTAL

S-24822

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.