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

Dr. Paul Bowers

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25624

Registration District No. 56 — 6 14 1941

Primary Registration District No. ~~[illegible]~~ 3030

Registrar's No. 89

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

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town Charleston, Mo. (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 38 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Anniston, Mo. (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 LUCY MAYE MITCHELL

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Fem.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Ralph Mitchell

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June (Month) 26, (Day) 1903 (Year)

8. AGE: Years 38, Months 0, Days 21, If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Bolwin
13. Birthplace Edwards Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Dorthy Ahlfield
15. Birthplace Edwards Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Roy Mitchell

(b) Address Anniston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo.

19. (a) 8-2-41 (Date received local registrar) (b) F. D. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1941 hour 12.35 minute P. M.

21. I hereby certify that I attended the deceased from July 1941, to July 17, 1941; that I last saw her alive on July 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Died in Dr Bauer's Office at Charleston Mo

Due to

Due to 94A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 2-3 hrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul S. Bauer M.D. (M. D. or other)

Address Charleston Mo. Date signed

745

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-1081
Date Filed 8-12-41

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 Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, M

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

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

S. No. 2B
I—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25-624

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 89

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(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 Lived 38 yrs in Anniston
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town Anniston Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Died in Dr Baur Office
(If rural, give location)

(e) Citizen of foreign country? She went there as office (Yes or No)
If yes, name country Patient Charleston Mo

3. (a) PRINT FULL NAME Lucy Maye Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

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 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 38 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

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 9-19-41 (Date received local registrar) (b) F A Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1941 hour minute M.

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

Immediate cause of death Mrs Mitchell of Anniston came to Charleston to see
Due to Dr Baur and while in his office died of heart trouble
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed