

2
2
1

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

8-2
-4-41
-7-39

Registration District No. 689

Primary Registration District No. 3033

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: Pike
 (a) County Louisiana
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
814 Jackson St /
 (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 Mo (b) County Pike 82
 (c) City or town Louisiana 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 814 Jackson /
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓ D

3. (a) PRINT FULL NAME Charles S Mitts
 3. (b) If veteran, name war World War
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 23
 year 1941 hour 15 minute 00 A. M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Victoria Meadows Mitts (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Sept 1st 1871
 (Month) (Day) (Year)

Immediate cause of death Natural Cause
more than likely heart trouble - was afflicted with stomach trouble
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 69 Months 10 Days 21 If less than one day _____ hr. _____ min.
 9. Birthplace Detroit Mich /
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

11. Industry or business Common labor
 12. Name Chas S Mitts
 13. Birthplace (?) 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Emily (?) 9
 (City, town, or county) (State or foreign country)
 15. Birthplace (?) 9
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 930
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Chas S Mitts
 (b) Address 814 Jackson Louisiana Mo
 17. (a) Burial (b) Date thereof 7-24-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Riverview Cem
 18. (a) Signature of funeral director [Signature]
 (b) Address Louisiana Mo
 19. (a) 7/23/41 (b) [Signature]
 (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? _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] Address Louisiana Mo
 Date signed 7/23/41

AUG 12 1941

AUG 14 1941

RECEIVED

District Health Officer No. 10

District File Number 8-41-1441

Date Filed AUG 6 1941

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.....

George O Wagner
working under my personal supervision.

Registered Apprentice No.....

Signed *George O Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.