

FILED SEP 8 1941
Registration District No. **1947**

Primary Registration District No. **6128**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County **Taney**
(b) City or town **Brunson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Missouri**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Juneau**
(c) City or town **Brunson**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HARRY WALTER MITCHELL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **55-500-05-4742**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Defail Mitchell** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **March 16 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **3** If less than one day hr. min.

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

10. Usual occupation **Engineer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Haig Washington Mitchell**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Ashton**

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

16. (a) Informant **Ms. Mitchell**
(b) Address **Brunson Mo.**

17. (a) **Brunson** (b) Date thereof **Aug. 20 1941**
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunson Mo.**

18. (a) Signature of funeral director **D. A. Burnhill**
(b) Address **Brunson Mo.**

19. (a) **7-14** (b) **John A. Baxter**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **19** year **1941** hour **8 pm** minute _____ M.

I hereby certify that I attended the deceased from **16 - of Aug 1941** to **Aug 19 1941**; that I last saw him alive on **19 of Aug 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **0**

23. Signature **Harry Coans** (M. D. or other) **Mo.**
Address **Brunson Mo.** Date signed **Aug 21 1941**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
-41
-39
226390

06

106
1
0

H 10

Mo.
Aug 21 1941

RECEIVED

District Health Officer No. 6,

District File Number 941-1422

Date Filed SEP 5 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.....

....., 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.