

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1610 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 years** (Specify whether
In this community **38 years** years, months or days)

3. (a) PRINT FULL NAME **Georgia Mitchell**

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

4. Sex **Fe 3** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **John Mitchell** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **January 16 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **23** If less than one day hr. min.

9. Birthplace **Houston / Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Charles Matthews**
13. Birthplace **/ Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Matilda Foster**
15. Birthplace **/ Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Mitchell**
(b) Address **1610 Brooklyn**

17. (a) **removal** (b) Date thereof **9/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monticello, Kansas**
Hartline Bros

18. (a) Signature of funeral director **Lydia**
(b) Address **1729**

19. (a) **9/13/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Jackson 48**
(a) State (b) County
Kansas City
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. **1610 Brooklyn** (If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**
year **1941** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 1941** to **Sept 9 1941**
that I last saw **her** alive on **Sept 8 1941**
and that death occurred on the date and hour stated above

Immediate cause of death **myocarditis - chr.** Duration **?**

Due to **chronic nephritis & arterio sclerosis.**

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Other conditions **aortic aneurysm**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131/12** Of autopsy **131f** 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 **M. M. Crowe** (M. D. or other) **M. D.**
Address Date signed

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

800

M. R. Jackson

MAR 11 1943

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 Isaac Jerome Mayhew
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.