DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25, 1941

Registration District No. 163

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31317

Primary Registration District No. 4095

Registrar's No. 51

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: El Dorado Springs, 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 years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: 901 S Kirkpatrick
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE MIKESELL
3. (b) If veteran, name war: Spanish American
3. (c) Social Security: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie Mikesell
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Sept — 23 — 1879 (Month) (Day) (Year)
8. AGE: Years 62 Months 0 Days 21 If less than one day ___ hr. ___ min.
9. Birthplace: Penn (City, town, or county) (State or foreign country)
10. Usual occupation: Postal Clerk
11. Industry or business:
FATHER 12. Name: Wm Mikesell
FATHER 13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary M Kraft
MOTHER 15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Katie Mikesell
(b) Address: El Dorado Springs Mo. 901 Kirkpatrick
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo
18. (a) Signature of funeral director: Gurum-Siders
(b) Address: El Dorado Springs, Mo
19. (a) 10-16-41 (Date received local registrar) (b) J H Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1941 hour 12½ minute P. M.
21. I hereby certify that I attended the deceased from Oct 2nd, 1941, to Oct. 13, 1941; that I last saw him alive on Oct 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic parenchymatous nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: C H Underwood (M. D. or other) D.O.
Address: El Dorado Spgs. Date signed: 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1942

OCT 2 4 1941

NOV 3 1941

District Health Officer No. 7

District File Number 10-41-1794

Date Filed 10-23-41

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 M D Ferrier

Licensed Embalmer No. 2350

P. O. Address El Dorado Springs, Mo

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.