

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34413**

Registration District No. **80**

Primary Registration District No. **3-119**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Center, Rural**
(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 **unknown** years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8**
year **1941** hour **Unknown** minute _____ 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.

3. (a) PRINT FULL NAME **HARVEY E MITCHELL**
3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **495-10-0648**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **9**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **about 35** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Unknown**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **None**

(b) Address _____

17. (a) **City Cem** (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation **Burial - City Cem**

18. (a) Signature of funeral director **Fluman T. Sordac**

(b) Address **1946 Calhoun St.**

19. (a) **Oct. 22-1941** (b) **Madeline Dorrell** (Date received local registrar) (Registrar's signature)

Immediate cause of death
Suicide by strangulation. Man used the straps cut from his overalls tied around his neck and attached with dog shoe strings looped from sapling to strap.
Other conditions: **Body found dead in a wooded section about seven miles south of _____ Co., Mo.**
Duration **1 day**
16 1/2 a

Major findings:
Of operations: **wooded section**
Of autopsy: **no [St. Joseph, Mo., Buchanan County]**

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) **Suicide**

(b) Date of occurrence **Oct. 13-1941**

(c) Where did injury occur? **St. Joseph, Buch. Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In isolated wooded district.**

(Specify type of place)

While at work? **no** (e) Means of injury **strangulation**

23. Signature **H. F. Mundy** (M. D. or other) **Coroner**

Address **464 So 3d St.** Date signed **10/14/41**

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

MOTHER FATHER

800 (Licensed Embalmer's Statement on Reverse Side)

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 John H. Hurley
Licensed Embalmer No. 4050
P. O. Address: St Joseph Mo

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.