

DEC 17 1941 30

Registration District No. \_\_\_\_\_

Primary Registration District No. 4503

State File No. \_\_\_\_\_

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Shelby  
 (b) City or town Shelbyville, Tenn  
 (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 1  
 In this community Life (practically) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Shelby  
 (c) City or town Shelbyville, Tenn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
 year 1941 hour 1:00 minute A M.  
 21. I hereby certify that I attended the deceased from Nov 25, 1941 to Nov 29, 1941  
 that I last saw her alive on Nov 29, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis - 4 wks  
 Due to Dementia  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131 lb  
 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 111  
 23. Signature J. H. Simpson (M.D. or other) Do  
 Address Shelbyville, Tenn Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Harriet Isabelle Mitchell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 13 - 1851  
 (Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bloomington Indiana  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Thomas Mitchell

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

14. Maiden name Susan Amanda Madson

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

16. (a) Informant Miss Bunton Wood

(b) Address Shelbyville, Tenn

17. (a) Burial (b) Date thereof Dec-1-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masopie Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Tenn

19. (a) Dec 3-41 (b) Ruth Jeffer  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10.

District File Number 12-41-2192

Date Filed DEC 15 1941

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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.....

*E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address... Shelbyville

**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.**