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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41931

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 946

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

39
2
6

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 34

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ash Grove RR 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Marvin Wright Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta Beals Mitchell

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March (Month) 26 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	7	..... hr. ..... min.

9. Birthplace Polk County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Mitchell
13. Birthplace Polk Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Amanda Scroggins
15. Birthplace Polk Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Marvin Mitchell
(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 6 (Day) 1941 (Year)
(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene A Brim
(b) Address Walnut Grove Mo

19. (a) 12-6-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1941 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov 29, 1941, to Dec 3, 1941, that I last saw him alive on Dec 3, 1941, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

167

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Homicide

(b) Date of occurrence Nov 29, 1941

(c) Where did injury occur? Near Ash Grove (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)

While at work? No (e) Means of injury Hit in head by hammer

23. Signature Walter Smith (M. D. or other)

Address Springfield Mo Date signed .....

(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 Bernard Wright, Registered Apprentice No. 299 working under my personal supervision.

Signed J W Burch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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. X