

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 20

1. PLACE OF DEATH: **GREENE**

(a) County Greene

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

(c) Name of hospital or institution: Springfield Route # 6 Campbell Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Springfield Route # 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VIRGIL EUGEN MITCHELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1942 hour 7:45 minute 0 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alta Bell Mitchell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 25 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4:10 1942 to 8-8 1942
that I last saw him alive on June 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia Duration 1 1/2 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>10</u>	<u>1</u> hr. <u>0</u> min.

Due to Gen. Depraved blood condition

Due to Chronic Liver

9. Birthplace Willard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter (retired)

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

Major findings: none

Of operations none

Of autopsy no

11. Industry or business American R. P. Express

12. Name Jesse Mitchell

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

14. Maiden name Mary Hastings

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? (City or town) (County) (State) none

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

16. (a) Informant Mrs. Alta Mitchell

(b) Address Springfield Mo. Route # 6

17. (a) Burial (b) Date thereof Jan 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

While at work none (Specify type of place) (e) Means of injury none

23. Signature D. F. Freeman (M. D. or other) D

Address Springfield Mo Date signed 1-9-42

18. (a) Signature of funeral director Greene

(b) Address Springfield Mo.

19. (a) 1-10-42 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

39
00

39

0

47

42

PHYSICIAN

Underline the cause to which death should be charged statistically.

184

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.....

Fred C. Thiemis

Licensed Embalmer No.....

2899

P. O. Address.....

Spfd, 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.