

FILED JAN 30 1942  
1942 480

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

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

2-00 5-643

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Rural - Union Twp.  
(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 \_\_\_\_\_  
In this community 69 Years. 4 Monts. 14 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME E. Wilson Mitchell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Mitchell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 8th. 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 14 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Lloyd Dorsey Mitchell

13. Birthplace La Grange Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah King

15. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant L. W. Jerning

(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof Dec. 24th.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address La Grange, Mo.

19. (a) 12-27-41 (b) P. W. Jerning  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 22  
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from DEC 1  
\_\_\_\_\_ 1941, to DEC 22 \_\_\_\_\_ 1941.

that I last saw him alive on DEC 21 \_\_\_\_\_ 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death URAEimia

Due to CHRONIC NEPHRITIS AND CHRONIC MYOCARDITIS

Other conditions (Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. Signature W. F. E. Jerning M.D. (M. D. or other) \_\_\_\_\_

Address La Grange Mo Date signed 12/24/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-42-86

Date Filed JAN 15 1942

---

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.....

A.A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, above space should be left blank.