V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 26585

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 118

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain 4
(c) City or town Mexico, Mo. 2
(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 O

3. (a) PRINT FULL NAME Orvillie Mitchell
3. (b) If veteran, name war
3. (c) Social Security No. Appld for.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct II th 1924 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
17	10	1	hr. min.

9. Birthplace Mc Kittrick Mo (City, town, or county) O (State or foreign country)
10. Usual occupation New Florence Clay Mine
11. Industry or business
FATHER
12. Name Alfred Mitchell
13. Birthplace Mc Kittrick Mo (City, town, or county) O (State or foreign country)
MOTHER
14. Maiden name Ethel Rose
15. Birthplace Mc KittrickMo (City, town, or county) O (State or foreign country)
16. (a) Informant Ethel Mitchell
(b) Address Mc Kittrick Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mc Kittrick Cem
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo.
19. (a) Aug-12-1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1942 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 8-12-1942 to 8-12-1942 that I last saw him alive on 8-12-42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from Trauma

Due to It was run over by a truck Fractured pelvis, both femurs.

Due to Ruptured bladder - Opened peritoneal cavity, hemorrhage

Other conditions (Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence 8-12-42 010 Mo
(c) Where did injury occur? 3 miles west New Florence (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? Yes (e) Means of injury Run over by truck
23. Signature J Frank Jolley (M. D. or other) MD
Address Mexico Mo Date signed 8/12/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1663
Date Filed SEP - 8 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 an Thu 12th day any 1942, Registered Apprentice No. ....., working under my personal supervision.

Signed A. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.