

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5 1942
1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3596

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6100 Tracy Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6100 Tracy Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Bessie Adelin Bushnell Mitchell
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 29th
year 1942 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from Sept. 19, 1942 to Sept. 29, 1942
that I last saw him alive on Sept. 29, 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Jesse N. Mitchell 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 12 1898
(Month) (Day) (Year)

Immediate cause of death Chronic independent operation
Duration 9 1/2 hr

8. AGE: Years 44 Months 3 Days 17 If less than one day hr. min.

Due to Chronic independent operation
Due to 9 1/2 hr
Other conditions (include pregnancy within 3 months of death) ---

9. Birthplace Los Angeles California /
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings: Of operations ---
Of autopsy See above
Underline the cause to which death should be charged statistically.

11. Industry or business ---
12. Name Ed F. Bushnell
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Coon
15. Birthplace Unknown
(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) ---
(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? ---

16. (a) Informant Jesse N. Mitchell
(b) Address 6100 Tracy Avenue
17. (a) Burial (b) Date thereof Oct. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director O. M. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-30-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (Specify type of place) (Date of injury)
Address [Signature] 3 Date signed 9/29/42

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo

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.