. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30298

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 77

36
6
2

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Yes 4 days (Specify whether In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Douglas
(c) City or town Lawrence (If outside city or town limits, write "RURAL")
(d) Street No. 923 Maine St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JESSE TILLMAN MITCHELL
3. (b) If veteran, name war none
3. (c) Social Security No. 409-16-9741
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen R. Mitchell
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May (Month) 28 (Day) 1891 (Year)

8. AGE: Years 51 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Hebre Springs (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Sunflower Ordinance Wks
FATHER
12. Name William Mitchell
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Mary Hopkins
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Geraldine Mitchell
(b) Address 388 Madison Ave., Memphis Tenn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ripley Tennessee
18. (a) Signature of funeral director Neeburg & Vett Inc.
(b) Address Washington, Mo.
19. (a) Aug 27, 42 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1942 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from Aug 23 1942 to Aug 27 1942 that I last saw him alive on Aug 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1 Contusion of brain	4 da
2 Skull fracture	4 da
Due to Automobile accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170C-8
22

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 Aug 23, 1942 0:50
(c) Where did injury occur? Hwy 50 (City or town) Near Gerald (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 50 (Specify type of place)
While at work? (e) Means of injury Automobile
23. Signature Kenneth G. Mays (M.D. or other) M.D.
Address 311 W 4th, Washington, Mo. Date signed 8-27-42

1181

(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~~ Lester H. Vitt, ~~Registered Apprentice~~ No. ....., working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.