

FILED OCT 24 1942

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County _____
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
1416 Forest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years
years, months or days

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Mitchell 6. (c) Age of husband or wife if alive 70
7. Birth date of deceased December 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Dressmaker

11. Industry or business _____

MOTHER FATHER { 12. Name Reuben Jones
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Black
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Jones
(b) Address 2303 Lydia

17. (a) burial (b) Date thereof 10/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn National Bros

18. (a) Signature of funeral director 1729 Lydia
(b) Address _____

19. (a) 10-12-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: _____
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Forest Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 1942 hour 6:00 minute _____ A. M. _____ P. M.

21. I hereby certify that I attended the deceased from _____
Deputy Coroner
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Due to Ch. Glomerular Nephritis
Other conditions (include pregnancy within 3 months of death) 151B

Major findings: Of operations _____
Of autopsy yes

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 J. Richardson (M. D. or other)
Address 1852 Vine Date signed Oct 7 42

Duration _____
Underline the cause to which death should be charged statistically.

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

48
3
8

48
8

P

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..... *[Handwritten Signature]*

Licensed Embalmer No. *5388*

P. O. Address *1512 240*

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.