

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33516

Do not use this space.

1. PLACE OF DEATH

(a) County Platte (Hathorn) Registration District No. 72 24
 (b) Township Garfield Primary Registration District No. 4131 0 Registered No. 80
 (c) City Avondale (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. / mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hattie Belle Mitchell
 (a) Residence, No. Jarkio, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 2 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sewel Mitchell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 - 1899 Jan. 9 5 days
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) 40 years 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Mo.

FATHER 13. NAME Chas Felix Hazelwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dort, Mo.

MOTHER 15. MAIDEN NAME Pearline Hazelwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dort, Mo.

17. INFORMANT (ADDRESS) Clyde S. Mitchell Avondale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jarkio Mo DATE 10/5/42

19. FUNERAL DIRECTOR (ADDRESS) John S. Morton Funeral Home North Kansas City Mo

20. FILED Oct 5 1942 Ruth W. Henry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 - 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1942, to Oct. 5th 1942. I last saw h. s. m. alive on Oct. 5th 1942. Death is said to have occurred on the date stated above, at 1:25 P. m.
 The principal cause of death and related causes of importance were as follows:

myocarditis

930

Date of onset

10 yrs.

Other contributory causes of importance:

Influenza & Pneumonia 10 days

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Dr. James J. Hathorn(Address) 1002 Chambrige Bldg. KC Mo. 10-15-42

10-21 (Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 7-20-37 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-6-43

STATEMENT BY LICENSED EMBALMER

I, Olson E. Hodges, Licensed Embalmer No. 2729

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Olson E. Hodges
Licensed Embalmer No. 2729

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.)

North Kansas City Mo.