

X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2883

FILED FEB 11 1943
Registration District No. 226

Primary Registration District No. 5798

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL CLAY JUNG
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 MI. N. W. OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 42 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 7 MI. N. W. OF PARIS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILTON H. MITTS

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21ST
year 1943 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 6 to Jan 21, 1943
that I last saw him alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LAURA ELLA MITTS

6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased MAR. 5, 1852
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial infarction

Duration 2 1/2

8. AGE: Years 90 Months 10 Days 14
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

9. Birthplace SANGAMON CO. ILL. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation FARMER

11. Industry or business _____

12. Name LEONARD MITTS

13. Birthplace KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name SUSANNA CANTRELL

15. Birthplace SANGAMON, ILL. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Mitts

(b) Address HOLLIDAY, MO.

17. (a) BURIAL (b) Date thereof JAN. 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO.

18. (a) Signature of funeral director Speedor Slaby

(b) Address PARIS, MO.

19. (a) 1-22-43 (b) Olis Hedberg
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Geo M. Phipps (M. D. or other) _____
Address PARIS, MO. Date signed 1-22-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-43-231

Date Filed FEB 10 1943

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.....

A. B. Blakey

Licensed Embalmer No. 2616

P. O. Address.....

Paris, 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.