

No. 2  
5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3161

State File No. ....

FILED JAN 21 1943

Registration District No. 287

Primary Registration District No. 4425

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community 50 years or more years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country, \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie C. Mitchell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10<sup>th</sup>  
year 1942 hour 11 minute 15 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. Kendall Mitchell

6. (c) Age of husband or wife if alive 76 years (Day) (Year)

7. Birth date of deceased: Feb 26 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at various times in past year to present; that I last saw him alive on December 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Duration \_\_\_\_\_

8. AGE: Years 74 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Sclerotic, cardio vascular disease

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: 93d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business General Lumber work

12. Name Joseph Brownwhite

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

14. Maiden name Mary Farmer

15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Hensler

(b) Address Marionville Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov-12-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Hudson Ave

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Marionville Mo Date signed 12/10/42

18. (a) Signature of funeral director [Signature]

(b) Address Polk Co Mo

19. (a) 12/14 (Date received local registrar)

(b) Hillard Dickerson (Registrar's signature)

633 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1943

JAN 21 1943

RECEIVED

District Health Officer No. 71

District File Number 12-42-1449

Date Filed 1-14-43

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 *Genea Quinn*

Licensed Embalmer No. *2664*

P. O. Address *Maui, Hawaii*

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.