

FILED MAR 5 1943
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 925

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wheatley Provident Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1610 Brooklyn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME John Mitchell

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or Race Col 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Georgia Mitchell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 10, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	1	10	hr. <u> </u> min.

9. Birthplace Holiday Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Mail Clerk

11. Industry or business no #

MOTHER FATHER
 { 12. Name Harvey Mitchell
 { 13. Birthplace Olathe Kansas
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth
 { 15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Tenola Mitchell
 (b) Address 1610 Brooklyn

17. (a) removal (b) Date thereof 2/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Monticello, Kansas

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

19. (a) 2-25-43 (b) M. M. Coome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1
42 to Feb 20, 1943
 that I last saw him alive on Feb 20
 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia
 Due to
 Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

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?
(Specify type of place)

While at work? (c) Means of injury
 23. Signature (M. D. or other)
 Address 1612 E 12 Date signed 2/25/43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.