V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 27

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9488

Primary Registration District No. 3005

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)
In this community:

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

3. (a) PRINT FULL NAME: James R. Mitchell

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: ary O Mitchell

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

7. Birth date of deceased: November 22, 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 2 If less than one day hr. min.

9. Birthplace: Cloud Co. Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: retired elevator operator now prop. of Hotel

11. Industry or business:

FATHER
12. Name: James AMitchell
13. Birthplace: No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Harriett Doolittle
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Mitchell
(b) Address: Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 26/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Richland Cemetery

18. (a) Signature of funeral director: Booths
(b) Address: Butler Missouri

19. (a) March 26, 1943 (Date received local registrar) (b) Mrs Marvin Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1943 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from March 10, 1943 to March 24 1943 that I last saw him alive on March 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to: Chronic interstitial Nephritis	
Due to:	
Other conditions: Coronary Disease. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: —

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

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? (e) Means of injury:

23. Signature: Chas. A. Smith (M. D. or other)
Address: Butler, Mo. Date signed: 3/25/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-43-78
Date Filed 4-10-43

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.