

FILED MAY 3 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 414

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Joseph (Sisters) Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 6 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County DonOphan

(c) City or town Wathena
(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. 2

3. (a) PRINT FULL NAME Fred Mitchell

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male 5. Color or face Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive Mitchell 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)

7. Birth date of deceased July 23 1912

8. AGE: Years 30 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Grayson Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Attendant at Filling Station

11. Industry or business None

12. Name Edison Mitchell

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

14. Maiden name Birtha Henderson

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

16. (a) Informant Olive Mitchell

(b) Address Wathena Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bellmont Cemetery

18. (a) Signature of funeral director B Ramsey & Sons Mortuary

(b) Address 1602 Mesquite St St Joseph

19. (a) 3-25-43 (Date received local registrar) (b) Clare Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1943 hour 12 minute 30 AM/PM

21. I hereby certify that I attended the deceased from March 22 1943 to March 23 1943 that I last saw him alive on March 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Severe 2nd & 3rd degree burns of entire body Duration 1 day

Due to Gasoline fire

Due to

Other conditions: 180 (Include pregnancy within 3 months of death)

Major findings: Same

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) accident 136

(b) Date of occurrence March 22, 1943

(c) Where did injury occur? Wathena, DonOphan, Kan. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? yes (Specify type of place) (e) Means of injury gas explosion

23. Signature Calray Worthy, M.D. (M. D. or other title)

Address St. Joseph, Mo. Date signed 3-25-43

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

MOTHER FATHER

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

J. F. Ramsey

Licensed Embalmer No. *4087*

P. O. Address

1602 Mellows St.

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.