

Registration District No. 275

Primary Registration District No. 3053

(40) Registrar's No. 40

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution Nellie McFarland Memorial Hospital
(d) Length of stay: In hospital or institution 4 hrs
In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla - Rural
(d) Street No. Rte 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Sherri Carter Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Mabel Lee Mitchell 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 10 1901

8. AGE: Years 42 Months 20 Days 30 hr. min.

9. Birthplace Hickling Missouri

10. Usual occupation Farming

11. Industry or business Rte 1, Rolla, Mo. on farm

12. Name Karmelius Mitchell

13. Birthplace Hickling Missouri

14. Maiden name Florida Carter

15. Birthplace Hickling Missouri

16. (a) Informant Edward T. Johnson

(b) Address Rolla, Mo. Rte 1

17. (a) Burial (b) Date thereof April 4 1943

(c) Place: burial or cremation Shaffer Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) 4-5-1943 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour 6 minute 56 P.M.

21. I hereby certify that I attended the deceased from 3-30-1943 to 3-30-43 1943 that I last saw him alive on 3-30-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture Broken neck, Several ribs fractured Crushed inferior & superior maxillary bones Due to Accident

Other conditions: No other conditions noted

Major findings: Of operations: Of autopsy:

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident 181 (b) Date of occurrence 3-30-43 (c) Where did injury occur? Rolla Phelps (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Farm)-on railroad While at work? Yes (Specify type of work) (Specify type of place) Means of injury auto & train 23. Signature: Address: McFarland Hospital Date signed: 4/2/43

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.....

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.