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M-542  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21722**  
Registrar's No. **60**

FILED JUL 9 1943

Registration District No. **164**

Primary Registration District No. **3023**

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

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2  
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1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 504 So Washington  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Milburn Franklin Mitchell

3. (b) If veteran, name war no 3. (c) Social Security No. 760

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

6. (b) Name of husband or wife Sallie Ann Mitchell 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February 25 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>3</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Marcus Mitchell

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

14. Maiden name Sarah Barlow

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

16. (a) Informant Sallie Ann Mitchell

(b) Address Warrensburg, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 13, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunest hill Cem

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo

19. (a) June 12, 1943 (Date received local registrar) (b) Sista W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, 11 day 11  
year 1943 hour 6 40 minute P M.

21. I hereby certify that I attended the deceased from June 11-14 1943 to 1943; that I last saw him alive on June 11-14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 830

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Warrensburg, Mo Date signed 6-12-43

Duration 4 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charge statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-8-43

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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

*S. Ray Sweeney*

Licensed Embalmer No.

1121

P. O. Address

*Warrensburg*

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.