

FILED AUG 14 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 day** (Specify whether
In this community **yes** (Yes or No)
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. **1224 Persco** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Gladys Mitchell**

3. (b) If veteran, name war **- no** 3. (c) Social Security No. **- none**

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married. **2 divorced Widowed**
6. (b) Name of husband or wife **Mitchell - William** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **Dec. 9 1918** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	7	19	hr. min.

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

10. Usual occupation **Maid**

11. Industry or business **-**

12. Name **Arthur Lee Palmer**

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

14. Maiden name **Georgia Alexander**

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

16. (a) Informant **S.I.F.**

(b) Address **1224 Persco**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/14/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Heal Landman**

18. (a) Signature of funeral director **W. E. Brown**

(b) Address **1729 Lyden**

19. (a) **8-4-43** (Date received local registrar) (b) **W. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **28** year **1943** hour **9** minute **00** P.M.

21. I hereby certify that I attended the deceased from **7/19** 19**43**, to **7/28** 19**43** that I last saw her alive on **7/24/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **15 months**

Due to **13 1/2**

Due to

Other conditions (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?

While at work? (Specify type of place)
23. Signature **Matthew Brown** (M. D.)
Address **Kansas City Tuberculosis Hosp.** Date signed **8/1/43**

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.....
Licensed Embalmer No. 3994
P.O. Address. 2523 Highland

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.