

JUL 24 1943

3128

2000

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield Mo  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution four Days  
In this community four Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Greene  
(c) City or town S. Campbell Supp  
(d) Street No. R 3  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY SUE MITCHELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Single None 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Oct 2 1931

8. AGE: Years 11 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Springfield Missouri

10. Usual occupation Schoolgirl

11. Industry or business

12. Name Ernest Mitchell

13. Birthplace Unk. Kansas

14. Maiden name Edna Hills

15. Birthplace Unk. Kansas

16. (a) Informant Ernest Mitchell

17. (a) Address R 3 - Springfield Mo

18. (a) Informant Ernest Mitchell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-26 1943 to 7-2 1943 that I last saw her alive on 7-2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis  
Due to Strep. Viridans  
(Septicemia)

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

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

23. Signature [Signature] M. D. or other M.D.

Address Springfield Mo Date signed July 10 1943

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

39  
2  
6

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

987

(Licensed Embalmer's Statement on Reverse Side)

**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 Harlow Knabb  
Licensed Embalmer No. 4069  
P. O. Address Springfield, 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.**