

ED OCT 11 1943

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:  
(a) County Pike Mo  
(b) City or town Louisiana Mo  
(c) Name of hospital or institution Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pike  
(c) City or town Louisiana Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1203 Kentucky  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Amy Adella Mitchell  
3. (b) If veteran, name war no  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sep day 7th  
year 1943 hour 11 minute 40p M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Charles Lee Mitchell  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased May 13 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 20 1943 to Sept. 7 1943  
that I last saw her alive on Sept. 5 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death apoplexy!  
Duration 20 days

8. AGE: Years 63 Months 3 Days 24  
If less than one day hr. min.

Due to apoplexy!  
Due to apoplexy!  
Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Crawford Co. Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Wife  
11. Industry or business Home  
12. Name Mrs Young  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Ann England  
15. Birthplace don't know  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: Of operations  
Of autopsy none  
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Mitchell  
(b) Address Louisiana Mo  
17. (a) Burial (b) Date thereof 9-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation River View Louisiana Mo  
18. (a) Signature of funeral director John H. ...  
(b) Address Louisiana Mo  
19. (a) 9-8-43 (b) John H. ...  
(Date received local registrar) (Registrar's signature)

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 Charles P. Jewell (M. D. number)  
Address Louisiana Mo Date signed 9/8/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number *OGT-43-1673*

Date Filed *8-1943*

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.....

working under my personal supervision.

*George O. Wagner*

Registered Apprentice No.....

Signed.....

*George O. Wagner*

Licensed Embalmer No.....

*3773*

P. O. Address.....

*Louisiana, 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.