

FILED DEC 13 1943

Registration District No. 18

Primary Registration District No. 4691

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Linn

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

(c) Name of hospital or institution:
1 Johnson Drug
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Laclede - Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: GAY Mitchell

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1943 hour 7.15 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 2nd 1943 to Nov 2nd 1943; that I last saw him alive on Nov 2 1943 and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or Race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Wife Grace Norton Mitchell

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: December 13, 1885
(Month) (Day) (Year)

Immediate cause of death: Skull fracture hit by train on crossing Duration _____

Due to: auto + train collision

Due to: 1700-8

Other conditions: 23
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

57 10 19 hr. min.

9. Birthplace: Reedy West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Baptist Minister

11. Industry or business

12. Name: George W. Mitchell

13. Birthplace: West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name: Susan Stutler

15. Birthplace: West Virginia
(City, town, or county) (State or foreign country)

Major findings: Skull fracture

Of operations: _____

Of autopsy: no

16. (a) Informant: Grace Mitchell

(b) Address: Laclede, Mo.

17. (a) Burial: Laclede, Mo. (b) Date thereof: 11-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Meadville, Mo.

18. (a) Signature of funeral director: M. J. Thorne

(b) Address: Laclede, Linn Co., Mo.

19. (a) Nov. 6, 1943 (b) Mrs. Vera Rowland
(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): acc 0-58

(b) Date of occurrence: 11-2-43

(c) Where did injury occur?: Laclede Linn Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Crossing
While at work? yes (Specify type of place) (e) Modes of injury: Hit by train

23. Signature: D. T. Spencer (M. D. or other) _____
Address: Brookfield Mo Date signed: 11/6/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
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JAN 2 01944

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 Me
W. G. Thorne, Registered Apprentice No. 2876
working under my personal supervision.

Signed

W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address Gallego, 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.