No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1941

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5867

State File No. 43226

Registrar's No.

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Rural — Bayou Twp
(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 ____ In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Ozark
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Ada Queen Mitchell
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: O. B. Mitchell
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: February (Month) 17 (Day) 1866 (Year)

8. AGE: Years 74 | Months 10 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Kentucky (City, town, or county) / (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: ____

FATHER
12. Name: Siras Tobe Spradling
13. Birthplace: Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Fanny Wilson
15. Birthplace: Kentucky (City, town, or county) / (State or foreign country)

16. (a) Informant: N. B. Mitchell
(b) Address: Udall, Mo.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Pleasant
18. (a) Signature of funeral director: O. B. McClure
(b) Address: Lawrenceville, Mo.
19. (a) 12-20-43 (Date received local registrar) (b) C A Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1941 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1. 1940, 19____, to Jan 8, 1941; that I last saw he alive on Jan 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	1 yr
Due to	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: C A Beach M.D. (M. D. or other)
Address: Elizah Mo Date signed 12-20-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 144-29
Date Filed 1-6-44

OCT 15 1950

Permanent

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.