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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1608

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1008 Troost /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... About 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 Troost
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Inez E. Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. 491-22-4236

4. Sex Fe

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Mar /

6. (b) Name of husband or wife Robert Mitchell

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July (Month) 13 (Day) 1908 (Year)

8. AGE: Years 35 | Months 5 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Bryan (City, town, or county) Texas / (State or foreign country)

10. Usual occupation Laundry

11. Industry or business Gate City

FATHER
12. Name Edward Richardson
13. Birthplace ..... (City, town, or county) Okla. / (State or foreign country)

MOTHER
14. Maiden name Bettie Rucker
15. Birthplace ..... (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Robert Mitchell
(b) Address 1008 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- (Month) 12- (Day) 1944 (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K. C. Mo.

19. (a) Jan 10 1944 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 p.
year 1944 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart

Due to .....

Due to .....

Other conditions 95c4
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Just History

Duration

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 F. P. Richardson 3 (M. D. or other)

Address 1832 [illegible] Date signed 1-6-44

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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