

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 4

1. PLACE OF DEATH

(a) County Phelps

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

(c) Name of hospital or institution McFarland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 da  
Specify whether

In this community 6 da  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

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

(d) Street No. 9 Mi N.W. of Hickory Mo  
(If rural, give location)

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

3. (a) PRINT FULL NAME Eliza Mitchell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 2  
year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 27  
1943 to Dec 2 1943  
that I last saw her alive on Dec 2 1943  
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife J.W. Mitchel 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Mar 15 18 66  
(Month) (Day) (Year)

Immediate cause of death Myocarditis & non-compensating heart  
Due to senility

8. AGE: Years 77 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Texas Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93x1

Major findings: Of operations 93x1

Of autopsy 93x1

10. Usual occupation House work

11. Industry or business Harper

12. Name Harper

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

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? .....

16. (a) Informant Alca Mitchell

(b) Address Hickory Mo

17. (a) Shaper Am (b) Date there of 12-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaper Am

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Hickory Mo

19. (a) 1-16-1944 (b) Kelley  
(Date received local registrar) (Registrar's signature)

Physician 93x1

Underline the cause to which death should be charged statistically.

22. (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? ✓ Means of injury 93x1

Signature Eliza Mitchell (M. D. or other) .....

Address Rolla Mo Date signed .....

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

11  
2  
2

**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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.**