

FILED MAR 6 1944

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **789**

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

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: **Conley Clinical Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **few hrs**
(Specify whether years, months or days)

In this community **10 yrs**
(years, months or days)

3. (a) PRINT FULL NAME **Elva Mitchell**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Fe**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John Mitchell**

6. (c) Age of husband or wife if alive **1913** years

7. Birth date of deceased **Fe August 29**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	5	16	hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Sam Caywood**

13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

14. Maiden name **Lula Bever**

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

16. (a) Informant **John S. Caywood**

(b) Address **Henrietta Oklahoma**

17. (a) **Removal**
(Burial, cremation, or removal)

(b) Date thereof **Feb. 17, 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Henrietta, Oklahoma**

18. (a) Signature of funeral director **Mrs. C. S. Foster**

(b) Address **918 Brooklyn**

19. (a) **2-17-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2025 Washington**
(If rural, give location)

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** Day **15**
year **1944** hour **6** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **November 24,**
1943, to **February 15, 1944**
that I last saw her alive on **February 15, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia due to arteriosclerotic nephritis, With eclampsia**

Duration **6 yrs 8 hrs.**

Due to.....

Due to.....

Other conditions **9th month of pregnancy.**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **no delivery -**

Of operations.....

Of autopsy..... **13/12**

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?.....

23. Signature **T. E. Brown** (Specify type of place) **2**
Address **2301 Summit** (M. D. or other) **MD**
Date signed **2/16/44**

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 Ralph H. Rinnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.