S. No. 2
OM—2-43
y. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7436

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 81

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1824 Illinois Ave; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1824 Illinois Ave;
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur B. Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. 522-28-1220

4. Sex Male

5. Color or race white 0

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 21, 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	9	16	hr. min.

9. Birthplace Baxter Springs Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Lead and zinc miner

11. Industry or business

FATHER
12. Name Arthur B. Mitchell
13. Birthplace Baxter Spgs Kansas; /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Rhodes
15. Birthplace Kansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Mitchell
(b) Address 1824 Illinois Ave Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-44
(Month) (Day) (Year)
(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 2-7-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

12 D 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 6, day 1944
year hour 6-45 A.M. minute M.

21. I hereby certify that I attended the deceased from June 10, 1944, to Feb 6, 1944
that I last saw him alive on Feb 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 0

23. Signature C. C. Cantt (M. D. or other)
Address Joplin Date signed 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

4-4-2-143

MAR 9 1944

APR 5 1945

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 Percy K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.