

FILED FEB 18 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7602

Primary Registration District No. 553 5255

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 4 days
(Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Myrtle
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry A. Mitchell

3. (b) If veteran, name war no 3. (c) Social Security No. 487-24-7684

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1921
(Month) (Day) (Year)

8. AGE: Years 22 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Clatus Mitchell
13. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Edna Barton
15. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. Mitchell, Recrd. Clerk

(b) Address Mo. State San., Mount Vernon

17. (a) rem (b) Date thereof 1-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle, Oregon

18. (a) Signature of funeral director Edgar Carr

(b) Address _____
19. (a) 1-26-44 (b) Edgar Carr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 14, 1944 to Jan. 17, 1944
that I last saw him alive on Jan. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis over 6 months
Duration

Due to _____

Due to _____

Other conditions 12 ft
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature E. M. Bryan (M. D. or other) _____

Address Mt. Vernon Mo Date signed 1-18-44

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

MOTHER FATHER

1338

RECEIVED

District Health Officer No. 6;

District File Number 244-239

Date Filed FEB 15 1944

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. 2852

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. [Signature]

P. O. Address [Signature]

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.