

No. 2
-5-42
5-17-39
I X32873
5

FILED FEB 16 1944

Registration District No. **175**

Primary Registration District No. **3036**

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

1. PLACE OF DEATH:
 (a) County **Lawrence**
 (b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Aurora Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **about 12 hours**
(Specify whether years, months or days)
 In this community **about 25 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barry**
 (c) City or town **Monett**
(If outside city or town limits, write "RURAL")
 (d) Street No. **301 - 7th St**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Josephine Leota Mitchell**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **19**
 year **1943** hour **11** minute **30 A.**
 21. I hereby certify that I attended the deceased from **Dec 18**, 19**43**, to **Dec 19**, 19**43**,
 that I last saw him alive on **Dec 19**, 19**43**,
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Ernest W Mitchell**
 6. (c) Age of husband or wife if alive **45** years
 7. Birth date of deceased **February 16 1904**
(Month) (Day) (Year)

Immediate cause of death **Distended Melitosis** Duration **10 yr.**

8. AGE: Years **39** Months **10** Days **3**
 If less than one day hr. min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) **61**

10. Usual occupation **Housewife**

Major findings: Of operations _____

11. Industry or business **Home**

Of autopsy _____

12. Name **Norman Blevins**

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

14. Maiden name **Ina Clementine Scott**

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

16. (a) Informant **E. W. Mitchell**

(b) Address **301 - 7th St Monett Mo**

17. (a) **Burial** (b) Date thereof **12-22-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Aurora Mo**

18. (a) Signature of funeral director **Callaways**

(b) Address **Monett Missouri**

19. (a) **1-15-44** (b) **Cunice Thene**
(Date received local registrar) (Registrar's signature)

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 **9**
 23. Signature **E. W. Mitchell** (M. D. or other) **MD**
 Address **Monett Mo** Date signed **12-21-43**

RECEIVED

District Health Officer No. 6;

District File Number 244-199

Date Filed FEB 12 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.....

working under my personal supervision.

Signed *J. D. Buchanan*

Licensed Embalmer No. *3179*

P. O. Address *Monett 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.