

Registration District No. 208

Primary Registration District No. 4320

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

1. PLACE OF DEATH:  
 (a) County Marion  
 (b) City or town Palmyra  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
803 N. Lane  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Marion  
 (c) City or town Palmyra  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 803 N. Lane  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Albert Selsor Mitchell  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month February, day 10, year 1944, hour 12, minute 15 P. M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife if alive Minnie Mitchell  
 6. (c) Age of husband or wife if alive 19 years 1871 (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1943, to February 10, 1944, and that death occurred on the date and hour stated above.

7. Birth date of deceased. (Month) October (Day) 19 (Year) 1871  
 8. AGE: Years 72 Months 3 Days 21 If less than one day hr. min.

Immediate cause of death Coronary thrombosis & pleurisy  
 Due to H72

9. Birthplace Palmyra, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Bus Operator

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Bloody fluid aspirated from right pleura  
 of autopsy

11. Industry or business  
 12. Name A. John Mitchell  
 13. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Hawker  
 15. Birthplace Marion County, Missouri  
(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?  
 While at work? (Specify type of place) (a) Means of injury

16. (a) Informant O.V. Mitchell  
 (b) Address Palmyra, Missouri  
 17. (a) Burial (b) Date thereof 2/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenwood Cemetery Palmyra

18. (a) Signature of funeral director Lewis Brown  
 (b) Address Palmyra, Mo.  
 19. (a) 2/13/44 (b) Mrs. Margaret Maddox  
(Date received local registrar) (Registrar's signature)

23. Signature A. P. Mass (M. D. or other)  
 Address Palmyra Mo. Date signed 2/12/44

**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..... *W. S. Lewis* .....

Licensed Embalmer No. *2382* .....

P. O. Address *Salisbury, 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.**