

S. No. 2
1-9-44
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10650

Registration District No. 102 Primary Registration District No. 5239 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Linn Township-Rural
(c) Name of hospital or institution: XXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XXX years, months or days)

3. (a) PRINTED FULL NAME ALICE JANE MITCHELL
3. (b) If veteran, name war. ΔXX
3. (c) Social Security No. XXX

4. sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. R. Mitchell
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb. 22 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 19 XXXX min.

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

10. Usual occupation Housewife

11. Industry or business XXXXX

MOTHER FATHER
12. Name J. E. Gordon
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Arvilla Kingston
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Mitchell
(b) Address Jerico Springs, Missouri

17. (a) Burial (b) Date thereof 3-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address STOCKTON, MISSOURI

19. (a) 4-1-44 (b) Mrs Ethel Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEDAR
(c) City or town LINN TOWNSHIP-RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.
Coronary Occlusion
was found dead

Due to.....
Due to.....

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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.....
Signature Wm B Ketter (M, D, or other)
Address Stockton Date signed 4-5-44

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

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

1297

(Licensed Embalmer's Statement on Reverse Side)

Order No. 1
3-44-337
~~4-6-44~~

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

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.