

Registration District No. 131

Primary Registration District No. 5538

1. PLACE OF DEATH: Holt

(a) County Rural Lincoln Twp.

(b) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elmer L. Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 10 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Farmer.

11. Industry or business _____

12. Name Charles Mitchell

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

14. Maiden name Rachel Hughes

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

16. (a) Informant Jennie Mitchell

(b) Address Corning Missouri.

17. (a) Burial (b) Date thereof May 1st. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo

18. (a) Signature of funeral director W. Crawford

(b) Address Mound City, Missouri

19. (a) May 1 - 1944 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944. hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage

Due to Injuries

Other conditions (Include pregnancy within 3 months of death) 1862

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) accident

(b) Date of occurrence Apr 24 1944

(c) Where did injury occur? his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature F.E. Hogan (M. D. or other) _____
Address Mound City Date signed 4-29-44

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

14777

MOTHER FATHER

1183

1944 JUN 9

JUN 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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.