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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18082
State File No. _____
Registrar's No. 4221

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Ergene
(b) City or town Springfield, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1959 N Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 7 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1959 N Benton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cy Gilbert Ellis Mitchell
3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1944 hour 8 minute 15 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Mitchell 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased March 12, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-27-44, 19____, to 5-15-'44, 19____;
that I last saw him alive on 5-14-44, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial insufficiency
Duration 110.

8. AGE: Years Months Days If less than one day
63 2 3 hr. _____ min.

Due to Arterio Sclerosis Yrs. _____
Due to _____

9. Birthplace Seneca Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Policeman

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 930
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Charlie Mitchell
13. Birthplace Unknown Unk.
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Chering
15. Birthplace Unknown Unk.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Nellie Mitchell
(b) Address 1959 N Benton
17. (a) Greenlawn (b) Date thereof 5-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

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)
(2) Means of injury _____

18. (a) Signature of funeral director Ered C. Phineas
(b) Address 1100 Bernville
19. (a) 5-15-44 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature B. W. Handley (M. D. or other)
Address Springfield, Mo. Date signed 5-15-44

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

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 Frank C. Shime

Licensed Embalmer No. 2899

P. O. Address 1000 Boonville

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.