DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18132

Primary Registration District No. 3022

Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wood Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days) In this community: most of life

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

3. (a) PRINT FULL NAME: Opal Gladys Mitchell
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband ~~or wife~~: Victor Mitchell
6. (c) Age of husband ~~or wife~~ if alive: 46 years
7. Birth date of deceased: April (Month) 1 (Day) 1902 (Year)

8. AGE: Years: 42 Months: 1 Days: 12 If less than one day: hr. min.

9. Birthplace: New Hampton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Luther York
13. Birthplace: New Hampton (City, town, or county) Mo (State or foreign country)
14. Maiden name: Jessie Stevenson
15. Birthplace: New Hampton (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Victor Mitchell
(b) Address: Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 16, 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Miriam Cemetery
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany Mo
19. (a) 5/22/44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13 year: 1944 hour: 12 minute: 4 A.M.
21. I hereby certify that I attended the deceased from 4-25-, 1944, to 5-13-, 1944, that I last saw her alive on 5-13, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritinitis	
Due to: Ruptured Appendix	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12:1	
Major findings: Of operations: Ruptured Appendix & fibroids of uterus	
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):
(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:

23. Signature: Ernest L. Ford (M. D. or other) D.O.
Address: Bethany Mo Date signed: 5/22/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.