

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944
Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3078

18535
State File No. _____
Registrar's No. 335

1. PLACE OF DEATH:
(a) County Brookfield Mo.
(b) City or town Brookfield Mo.
(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) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____ 58
(c) City or town Brookfield Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Beverly
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME: James Buntler Mitchell
3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month June day 2nd
year 1944 hour 6 minute _____ P. M.
21. I hereby certify that I attended the deceased from March
_____, 1944, to June 2, 1944;
that I last saw him alive on June 1st, 1944;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color 2 face Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertie Mitchell 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Feb 8 1890
(Month) (Day) (Year)

Immediate cause of death arterio incompetency
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 53 Months 3 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Mexico Mo. (City, town, or county) (State or foreign country) 0

Major findings: Of operations _____ 920
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Chal Mitchell
13. Birthplace Mexico Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Bertie Mitchell
(b) Address Brookfield Mo.
17. (a) Burial (b) Date thereof June 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ross Hill Cemetery
18. (a) Signature of funeral director James Buntler
(b) Address Brookfield Mo.
19. (a) 6-5-1944 (b) H. N. Cannon
(Data received local registrar) (Registrar's signature)

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?

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature gentille (M. D. or other) D.O.
Address Linnes Mo. Date signed 6/5/44

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

JUL 10 1964

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..... *Homer Bourdeau*

Licensed Embalmer No. *3295*

P. O. Address. *Brookfield 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.