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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18788

Registration District No. 256 Primary Registration District No. 5879 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois - Rural Benton Tw

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at HOME /

(If not in hospital or institution, write street number or location)

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

In this community 72 YEARS

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 76

(c) City or town St. Aubert, Mo. 0

(If outside city or town limits, write "RURAL")

(d) Street No. Benton Township

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sophronia Ellen 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 Widow

6. (b) Name of husband or wife James C. Mitchell

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

7. Birth date of deceased Aug. (Month) 10 (Day) 1871 (Year)

8. AGE: Years 72 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Minthill (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Burr Matthews
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Cordelia Agee
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Arthur Walker

(b) Address Chamois, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Aubert, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn Mo

19. (a) May 7 1944 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1944 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr. 26th 1944, to 19 ; that I last saw her alive on Apr. 26th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension General Arteriosclerosis	Wk.
Due to Cardiac Nephrotic	Wk.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13/a	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Chamois, Mo. Date signed May 6-44

57 C (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-15-44

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address [illegible] 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.