

FILED JUN 1944

Registration District No. 368 275

Primary Registration District No. 6196-5943

Registrar's No. ---11-7

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

1. PLACE OF DEATH  
(a) County Phelps  
(b) City or town rural—Spring Creek  
(c) Name of hospital or institution Bone Sup  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all his life  
years, months or days

3. (a) PRINT FULL NAME ANDY MITCHELL  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive, years 1873  
7. Birth date of deceased x unknown (Month) (Day) (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace Shannon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Peter Mitchell

13. Birthplace Unknown Mo. (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Mitchell

(b) Address Radclock, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof May 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) May 9 - 1944 (Date received local registrar) (b) Registrar's signature

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 3 day year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 27, 1944, to May 3, 1944 that I last saw him alive on May 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
roses  
Due to Chronic nephritis

Due to  
Other conditions (Include pregnancy within 3 months of death)  
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)  
(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?

1318  
While at work? (Specify type of place) (e) Means of injury  
23. Signature J. H. Reed (M. D. or other)  
Address Date signed 5/3/44

**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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Robert Ferguson*.....

Licensed Embalmer No. *3945*.....

P. O. Address. *Licking 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.**