

Registration District No. FILED JUL 19 1944

Primary Registration District No. 6225

10800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - Washington Twp

(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 12 yrs 5 mo 22d.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108

(c) City or town Barthage
(If outside city or town limits, write "RURAL") 0

(d) Street No. 911 1/2 Ormer
for past 12 yrs (If rural, give location) State Hosp No 3

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

If yes, name country 0

3. (a) PRINT FULL NAME BEULAH-ARMETTA-MITCHELL

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex female 5. Color or race wh.

6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Joe Mitchell

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

7. Birth date of deceased: Feb 5 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>3</u>	<u>26</u>	hr. min.

9. Birthplace Alexander County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER, FATHER

12. Name Luke Davis

13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alice Beaver

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

16. (a) Informant Records State Hosp 3

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 6-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Allen J. Hays

(b) Address Nevada, Mo.

19. (a) 6-8-44 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct, 1939 to June 1, 1944
that I last saw her alive on June 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 6 hrs
Due to Sclerotic Basis

Due to 94A
Other conditions Dementia Precox-Paranoid
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no autopsy

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

22. If death was due to external causes, fill in the following: No.

(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? _____ (a) Means of injury _____

23. Signature Paul L. Barone (M. D. or other) June 1
Address State Hosp No 3 Date signed June 1

1837

(Licensed Embalmer's Statement on Reverse Side) Nevada, Mo.

RECEIVED

District No. 6-44,794

District File Number 7-8-48

Date Filed

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 Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.