

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30227**
Registrar's No. **3815**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 45 years

In this community 45 years

3. (a) PRINT FULL NAME Robert S. Mitchell

3. (b) If veteran, name war Span-Amer. **3. (c) Social Security No.** none

4. Sex Male **5. Color or race** White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 14th 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>4</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Mitchell Cleaners

12. Name Dr. J. M. Mitchell

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

14. Maiden name Virginia Stevens

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

16. (a) Informant Mrs. Eleanor Mitchell

(b) Address 1199 East 77th Street

17. (a) Burial Burial **(b) Date thereof** 9-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Mausoleum

(a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-21-44 **(b) D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1199 East 77th Street
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1943 to Sept 18 1944

that I last saw him alive on Sept 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral infarction
Uremia - terminal toxic nephritis
Hypertensive heart disease
& decompensated

Due to 6 mo. 2 wks

Due to 4 yrs

Other conditions 124 lbs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Cerebral infarction

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) _____ (b) Means of injury _____

23. Signature Frank J. [Signature] (M. D. or other) MA

Address 724 Pugh **Date signed** 9-18-44

Mr Frank B Seitz
Prof. Bell

OCT 11 1944

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.....

Joseph R. Hunt..... Registered Apprentice No. *364*
working under my personal supervision.

Signed *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *Kansas City 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.