

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944
Registration District No. 129

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Sumath R-2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: my
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) Five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Sumath R-2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Daisy Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4
year 1944 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Aug. 30
1944, to Sept 20 1944

4. Sex Female

5. Color or race col

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 10 1900
(Month) (Day) (Year)

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

Immediate cause of death General paralysis Duration _____

8. AGE:

Years 44 Months _____ Days 23 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace

Hollie Spring Missouri
(City, town or county) (State or foreign country)

10. Usual occupation

House Keeper

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name John Hawkins

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

14. Maiden name Dunklin
(City, town or county) (State or foreign country)

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

16. (a) Informant Alanzo Mitchell

(b) Address Sumath R-2

17. (a) Burial (b) Date thereof 9-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett, Mo

18. (a) Signature of funeral director Smith, Wood Co

(b) Address Kennett, Mo

19. (a) 10-9-1944 (b) H.O. Steery
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert H. Martin (M. D. or other) MD

Address Sumath R-2 Date signed 9-4-44

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

No. 2
2-43
5-17-39
X35697

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 *Walter A. Hawkins*

Licensed Embalmer No. *2007*

P. O. Address *Kennett 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.

Registration District No. 108 Primary Registration District No. 5422

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural Salem Twp
(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)

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

4. Sex F 5. Color or race B
6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased aug 10 1909
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death General Paralysis
Dementia
Subtha paralysis

Due to _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert E. Martin (M. D. or other) _____
Date signed _____

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

SUPPLEMENTAL

30836

M &

Richard E. Smith