

7. S. No. 2
OM-8-43
rv. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31476

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 420

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution 317 E. Johnson
(d) Length of stay: In hospital or institution 25 yrs
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo County Pettis
(c) City or town Sedalia
(d) Street No. 317 E. Johnson
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep day 21
year 1944 hour 5 minute P M.

4. Sex F Color or Neg
5. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mitchell
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 4/29/1889

21. I hereby certify that I attended the deceased from Sep 20 1944 to Sep 21 1944
that I last saw her alive on Sep 21 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Duration 2 days

8. AGE: Years 55 Months 5 Days 27
If less than one day hr. min.

Due to Possible High Blood Pressure

9. Birthplace Louisville Ky

Due to

10. Usual occupation Housewife

Other conditions

11. Industry or business Self

Major findings: No operation

12. Name Burnell Bagwell

Of operations

13. Birthplace Clarksburg Tenn

Of autopsy No autopsy

14. Maiden name Rosie P. Johnson

22. If death was due to external causes, fill in the following:

15. Birthplace Louisville Ky

(a) Accident, suicide, or homicide (specify)

16. (a) Informant Mrs. Mary Davis

(b) Date of occurrence

(b) Address Fort Scott Kans

(c) Where did injury occur?

17. (a) Burial (b) Date thereof 9-26-44

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Glenwood Cemetery

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

18. (a) Signature of funeral director J. D. Ferguson

23. Signature M. W. ... (M. D. or other)

(b) Address 117 E. Jefferson Sedalia Mo

Address 117 1/2 W. Main Sedalia Date signed 9/28/44

(c) 9/25/1944 (d) Mrs. Anna Berger

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

25
6
4

1022

med

114

RECEIVED

District Health Officer No. 87

District File Number

Date Filed

10-6-44

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.