S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40270

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5179

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: 4326 HOLLY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 4 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State TEXAS (b) County HUNT 999

(c) City or town GREENVILLE 41
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country ?

3. (a) PRINT FULL NAME MRS. MOLLIE MITCHELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. GIDON PILLAR MITCHELL

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

7. Birth date of deceased MARCH (Month) 9 (Day) - 1860 (Year)

8. AGE: Years 84 Months 9 Days 10 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name Geo. W. HEDICK
13. Birthplace Raleigh (City, town, or county) N. C. (State or foreign country)

MOTHER
14. Maiden name Caroline W. Abernathy
15. Birthplace Raleigh (City, town, or county) N. C. (State or foreign country)

16. (a) Informant MR. J. DIXON MITCHELL
(b) Address 4326 HOLLY

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC-20-1944 (Month) (Day) (Year)
(c) Place: burial or cremation GREENVILLE, TEXAS

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-20-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 19TH year 1944 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov '44, 19__, to Dec, 1944 that I last saw her alive on Dec 18/44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Stomach with metastases	1 yr
Due to	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia	3 da.
Major findings: Of operations 5D	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M.D. or other)

Address 730 Prof Bldg Date signed 12/20/44

(Licensed Embalmer's Statement on Reverse Side)

7 Bo Professional Bldg
2:00 P.M.

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 E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.