

FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40273

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 4954

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 4 days
(Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 523 Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Mitchell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
7. Birth date of deceased: Dec 14 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 22 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Mitchell
13. Birthplace St. Louis, Mo.
14. Maiden name Mitchell
15. Birthplace St. Louis, Mo.

16. (a) Informant See Mitchell

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Washburn Cem.

18. (a) Signature of funeral director Wm. G. Brown

(b) Address Independence, Mo.

19. (a) Dec 7 1944 (b) W. G. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 2 1944 to Dec. 6 1944; that I last saw him alive on Dec. 6 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into lung Duration _____

Due to Bronchogenic Carcinoma

Due to _____
Other conditions 47e
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above 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 A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-7-44

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.....

Floyd C. Carson

Licensed Embalmer No.....

4199

P. O. Address.....

Independence

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.