

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1063Registration District No. 101Primary Registration District No. 4173Registrar's No. 110

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:(If not in hospital or institution, write street number or location) 1(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Richard Ellis Mitchell3. (b) If veteran, name war No 3. (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lenora Yeoman Mitchell 6. (c) Age of husband or wife if alive 30 years7. Birth date of deceased September 6, 1910
(Month) (Day) (Year)8. AGE: Years 34 Months 2 Days 5 If less than one day
hr. _____ min. _____9. Birthplace Goodhope, Missouri (City, town, or county) (State or foreign country)10. Usual occupation Manager Heek Lumber Company,
at Lockwood, Missouri.

11. Industry or business _____

12. Name Richard E. Mitchell13. Birthplace Montgomery Co., Missouri (City, town, or county) (State or foreign country)14. Maiden name Dora Davis,15. Birthplace Mo. (City, town, or county) (State or foreign country)16. (a) Informant E. Yeoman(b) Address Ava, Missouri17. (a) Burial (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ava18. (c) Signature of funeral director Clinkingbeard Funeral Home(b) Address Ava, Missouri19. (a) 12-30-44 (b) John Spurlock
(Date received local registrar) (Deputy Registrar's signature)165 ✓

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1944 hour 10 minute A. M. _____21. I hereby certify that I attended the deceased from Oct 24 1944 to Nov 11 1944
that I last saw him alive on Nov 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

myelogenous leukemia of
testis, with metastasis to
bone marrow.
Due to _____Due to 51cOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

1 hour

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 023. Signature R. M. Norman (M. D. or other) 0
Address Ava Mo Date signed Dec 23/44

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

34
1
0

RECEIVED

District Health Officer No. 6,

District File Number 145-18

Date Filed JAN 11 1945

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..... *W. B. Hutchison*.....

Licensed Embalmer No. 3431.....

P. O. Address..... *Osaka, Ill.*.....

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.