Form 2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4218

State File No. 41284

Registrar's No. 215

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200 S. Tebo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community: 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Windsor
(If outside city or town limits, write "RURAL")
(d) Street No.: 200 S. Tebo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Lula Mitchell

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: January 10, 1859 (Month) (Day) (Year)

8. AGE: Years 85 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: At home

11. Industry or business: " "

FATHER
12. Name: J.W.Mitchell
13. Birthplace: Maryland (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Betty Hurn
15. Birthplace: Maryland (City, town, or county) 1 (State or foreign country)

16. (a) Informant: James Mitchell
(b) Address: Windsor, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Mo.

19. (a) December 9, 1944 (Date received local registrar) Georgia Ritchen (Registrar's signature)

1069

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 29th year 1944 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 15, 1943, to Aug. 6, 1944, that I last saw h. alive on Aug. 8, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	8 yrs
Due to: Rheumatism	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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:

23. Signature: T. A. Blackmore (M. D. or other) M.D.
Address: Windsor, Mo. Date signed: Oct. 6, 44

RECEIVED
District Health Officer No. 7,
District File Number 12-44-1471
Date Filed 12-11-45

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 Edith M. Newton

Licensed Embalmer No. 3391

P. O. Address Windsor 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.