

FILED JAN 8 2 1945

Registration District No.

Primary Registration District No. **5952**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Pike Spencer Twp**
(b) City or town **Frankford R.F.D.**
(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)

(d) Length of stay: In hospital or institution **1**
(Specify whether

In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **HARRY RAYMOND MITCHELL**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Virginia B. Mitchell** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased. **May 6 1874**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **28** hr. min.

9. Birthplace **Curryville Mo. U**
(City, town, or county) (State of foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **L. Wyman Mitchell**

13. Birthplace **Virginia**
(City, town, or county) (State of foreign country)

14. Maiden name **Rebecca Tapley**

15. Birthplace **Missouri**
(City, town, or county) (State of foreign country)

16. (a) Informant **Mrs. Harry Raymond Mitchell**

(b) Address **Frankford, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 2 '44**
(Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation **Spencerburg, Mo**

18. (a) Signature of funeral director **W. J. Fields and Son**

(b) Address **Frankford, Mo**

19. (a) **Dec 7-44** (b) **Mrs. Frank Hoda**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike 22**
(c) City or town **Frankford**
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
year **1944** hour **10** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Nov. 3**
1944 to **Nov. 30**, **1944**;
that I last saw him alive on **Nov. 30**, **1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **3 hrs**

Due to **unknown**

Due to **unknown**

Other conditions **none known 93a**
(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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **C. H. Brooks Jr.** (M. D. or other) **D.O.**
Address **Center, Missouri** Date signed **12-1-44**

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

601

RECEIVED

District Health Officer No. 10

District File Number 1-45-56

Date Filed JAN 5 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..... *Jane Fields Mequon*

Licensed Embalmer No. *4093*

P. O. Address *Frankford, 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.