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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1945
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5601
Registrar's No. 176

Primary Registration District No. 1500

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph, Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Oregon
(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 _____

3. (a) PRINT FULL NAME Hazel Lylu Mitchell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bernard R. Mitchell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation County Treasurer

11. Industry or business _____

12. Name George W. Patterson

13. Birthplace Oregon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kate Young

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

16. (a) Informant Robert Patterson

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Feb. 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) 2-17-45 (b) Robert J. Peck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
 year 1945 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb 6, 1945, to Feb 14, 1945;
 that I last saw her alive on Feb 14, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus of uterus
after hysterectomy
 Duration 2-7-45

Due to Pulmonary embolus
sudden death in
sleep with post-operative convalescence
 Duration 2-14-45

Due to _____

Other conditions 56 lb
(Include pregnancy within 3 months of death)

Major findings: fibroid uterus
 Of operations _____

Of autopsy Pulmonary embolus

Duration
 ?
 2-7-45
 2-14-45
 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 0

23. Signature L.P. Serior M.D. (M. D. or other) _____

Address St. Joseph, Mo. Date signed 2-15-45

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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

James K. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.