

FILED MAR 10 1945
Registration District No. 233

Primary Registration District No. 4244

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
610 North Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 years (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carterville 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 610 North Kentucky
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Martha Mitchell
FULL NAME

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife widowed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 22 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 20 If less than one day
_____ hr. _____ min.

9. Birthplace Mattoon, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Carter
13. Birthplace no data Illinois
(City, town, or county) (State or foreign country)
14. Maiden name no data
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Lula Joslyn
(b) Address Carterville, Mo.
17. (a) burial (b) Date thereof 2/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) Feb. 14, 1945 (b) W. P. Lillie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 1945 to 1945
that I last saw her alive on Feb 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Transition - terminal pneumonia Duration _____
Due to Arterio-sclerosis

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

Major findings: Of operations PT PHYSICIAN _____
Of autopsy _____ 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 C
23. Signature W. P. Lillie (M. D. or _____)
Address Webb City, Mo. Date signed 2/14/45

45-2-178

Let's make it

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.....

[Handwritten Signature]

Licensed Embalmer No. *2859*

P. O. Address *Hebbly, Wm*

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.