

FILED APR 5 1945  
749

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**

(b) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1199 East 77th Street,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **60 years,**

3. (a) PRINT FULL NAME **Mrs. Eleanor Mae Mitchell**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Robert S. Mitchell**

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

7. Birth date of deceased **September 3 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>6</b>	<b>18</b>	hr. _____ min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Robert C. Parlett,**

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

14. Maiden name **Frances Jane Perry**

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

16. (a) Informant **Mrs. Melvin G. Hatcher,**

(b) Address **1199 E. 77th St., Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-21-45**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **3-21-45** (Date received local registrar) (b) **T. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**

(c) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1199 East 77th Street,**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**  
year **1945** hour **8:15** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on **2-20-45**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Calcification** Duration **6 mo**

Due to **Cancer of Rt heart** **2 yrs.**

Due to \_\_\_\_\_

Other conditions **Hypertension** **50** **6-8 yrs.**  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: **C. Breast**

Of operations \_\_\_\_\_

Of autopsy **0**

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)

(c) Means of injury **MA**

23. Signature **Thant B. [unclear]** (M. D. or other) **MA**

Address **924 Piny Blk, K.C. Mo.** Date signed **3-21-45**

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

78  
3  
8

*Carl Bely*

Dr. Frank Leitz

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. 1415  
P. O. Address: [Handwritten Address]

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.