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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9688

FILED MAR 30 1945

Registration District No. 123 Primary Registration District No. 2000 Registrar's No. 202

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ MONTHS (Specify whether
In this community ~~ENTIRE LIFE~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE 39
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 N. LYON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES MITCHELL

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH MITCHELL

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

7. Birth date of deceased MAY (Month) 14, (Day) 1865 (Year)

8. AGE: Years 79 Months 10 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace WILLARD (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name JESS MITCHELL
13. Birthplace UNK. (City, town, or county) TENNESSEE 1 (State or foreign country)

MOTHER
14. Maiden name LEMMONS, Nancy
15. Birthplace UNK. (City, town, or county) TENNESSEE 1 (State or foreign country)

16. (a) Informant MRS. BESSIE DURHAM
(b) Address 1211 N. LYON, Spfd., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 12, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation WILLARD, MISSOURI

18. (a) Signature of funeral director Fred C. Thierne
(b) Address 1100 Boonville St. Spfd., Mo.

19. (a) 3-12-45 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1945 9 hour 17:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-23, 1945, to 3-10, 1945; that I last saw him alive on March 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death My cardial insufficiency	
Due to Fractured hip	
Due to Old age - fall	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident
(b) Date of occurrence 1-1-45
(c) Where did injury occur? Springfield - Greene - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature [signature] (M.D. or other) MD
Address Spfd., Mo. Date signed 3-12-45

984

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C Phieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.