

FILED JUN 9 1945

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Calloway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital no 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs 11 months 1 day  
(Specify whether) same  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
(c) City or town Glenwood  
(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 NATTON MITCHELL

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Chloe 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Nov 20 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Glenwood Mo A  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Pat

13. Birthplace DK 9  
(City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace DK 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No 1

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof May 22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leicester mo.

18. (a) Signature of funeral director Walter Funeral

(b) Address Home Fulton mo.

19. (a) May 22 1945 (b) Jane Marsinkoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1945 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from May 20  
1945 to May 20 1945  
that I last saw him alive on May 20 1945, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatate of Heart  
Duration \_\_\_\_\_

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

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

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 95c 4

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 \_\_\_\_\_

23. Signature P.P. Price (M. D. or other) \_\_\_\_\_

Address Fulton mo Date signed 5/24/45

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

14  
10

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-9-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller md

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.