V. S. No. 2
0M—8-43
ev. 5-17-39
Form I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17979

Primary Registration District No. 6075

Registrar's No. 20

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town ~~Farmington~~ RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2 Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 3 das. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 94

(c) City or town Flat Woods
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIS MITCHELL

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 488-26-0454

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edna Arivett

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

7. Birth date of deceased May (Month) 11, (Day) 1907 (Year)

8. AGE: Years 37 | Months 11 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace Flatwoods (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farming and common labor.

11. Industry or business

FATHER 12. Name Cornelius Mitchell

FATHER 13. Birthplace Frigg County, (City, town, or county) Kentucky (State or foreign country) 1

MOTHER 14. Maiden name Flavilier Zora Penrod

MOTHER 15. Birthplace Union County (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Cem., Doniphan, Mo.

18. (a) Signature of funeral director Gish Funeral Service

(b) Address Naylor, Missouri

19. (a) 5/5/45 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1945 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 31, 1945, 19__, to May 4, 1945, 19__; that I last saw him alive on May 4, 1945, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death (a) General Paralysis of the Insane — Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy 30 h

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address Farmington Mo Date signed 5/4/45

1399 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 645-722
Date Filed 6-7-45

JUN 12 1945

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 Berl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.