. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19910

State File No.

Registration District No. 42 Primary Registration District No. 1800 Registrar's No. 684

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 901 North 2nd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 90 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 901 North 2nd. St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nora Perry Mitchell

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Mitchell

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

7. Birth date of deceased Feb. 17, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	4	6	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Joe Perry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bell Enyard
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jasper Clark
(b) Address 901 North 2nd. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Beatrice Gray
(b) Address 812 Pacific St. St. Joseph, Mo

19. (a) 6-27-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour 5 minute 30 p M.

21. I hereby certify that I attended the deceased from June 20, 1945 to June 23, 1945; that I last saw her alive on June 20, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	Do not know
Due to Tubercular Germ	
Due to	
Other conditions General Asthenia (Include pregnancy within 3 months of death)	several months

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)

(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

23. Signature Fenton Woodson (M. D. or other)

Address 108 1/2 W. Mo. Ave Date signed 6/27/45

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(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, ~~on~~ 6/23/45

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.