

PREF JUL 12 1945

Registration District No. _____ Primary Registration District No. 5881

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural, Jeff Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 57 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage ⁹⁶

(c) City or town Belle, Mo. R D. ⁰
(If outside city or town limits, write "RURAL") ⁰

(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 Herman O. Mitchell

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 495-12-1367

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 20th, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th, year 1945 hour 12:30 minute _____ p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

Immediate cause of death _____

Due to Gun Shot Wounds in head (Self Inflicted)

Due to _____

9. Birthplace Osage County Missouri ¹
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

Major findings: _____

Of operations 16 etc

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Mitchell

{ 13. Birthplace Virginia (City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Moss

{ 15. Birthplace Osage County Missouri ¹ (City, town, or county) (State or foreign country)

16. (a) Informant Frank Mitchell

(b) Address Belle, Mo.

17. (a) Burial (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Francis Cemetary

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn, Mo.

19. (a) 7-4-45 (b) TAD WORTON (Date received local registrar) (Registrar's signature)

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) Suicide

(b) Date of occurrence June 27th, 1945

(c) Where did injury occur? Osage, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Garage at Home

While at work? No. (Specify type of place) (e) Means of injury 3

23. Signature Clyde Morton ^{Coroner} (M.D. or other)

Address Linn, Mo. Date signed 6/28/45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

7-11-45

JUL 17 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 _____

Victor Buescher

Licensed Embalmer No. _____

3701

P. O. Address _____

Jefferson City, 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.