

FILED JUL 31 1945
128

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 528

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

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

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

(d) Length of stay: In hospital or institution 2 hrs, 45 min
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married; divorced Widowed

6. (b) Name of husband or wife Wm E. Mitchell

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. 26, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 9 8 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Young

13. Birthplace not known Mo.
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Mitchell

(b) Address Aldrich, Mo.

17. (a) Burial (b) Date thereof July 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Church

18. (a) Signature of funeral director Gene A. Run

(b) Address Walnut Street

19. (a) 1-6-45 (b) S. H. Standley
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 6:30 minute P. M.

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

Immediate cause of death Probably chronic myocarditis

Duration years

Due to _____

Due to _____

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) _____

(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? _____ (a) Means of injury _____

23. Signature M. E. Handley local Registrar
Address Oppler, Mo. (M. D. or other) _____
Date signed 7/6-45

SEP 25 1947

MAR 31 1948

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.....

Genea Berni

Licensed Embalmer No. *2664*

P. O. Address.....

Walter Brown

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.

X