. No. 2
—1-4-41
5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30473

State File No. .....

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME J. L. Mitchell

3. (b) If veteran name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W

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

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

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

7. Birth date of deceased Sept. 25 - 1945 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Alfred Mitchell
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Rhew
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant I knew the facts

(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Sept 26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville Cem

18. (a) Signature of funeral director .....

(b) Address W. T. Emerson Jr. Hornersville Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

9/26/1945 Bertha Kinsolin 1581

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25- year 1945 hour 11 PM minute ..... M.

21. I hereby certify that I attended the deceased from 6 25 PM Sept 25, 1945 to 11 PM, 19__; that I last saw him alive on at 7 PM 9-25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death was unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

2.00

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 Van H. Bonds (M. D. or other)

Address Hornersville Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1645-30
Date Filed 10-8-45

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.