V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32196

State File No. 8698

FILED OCT 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)

In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles Ovie Mitchell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy

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

7. Birth date of deceased June (Month) 7th (Day) 1876 (Year)

8. AGE: Years 69 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Lewis Mitchell

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

MOTHER

14. Maiden name Lucy White

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

16. (a) Informant Lucy Mitchell

(b) Address Elsberry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem. Elsberry Mo

18. (a) Signature of funeral director Howard A. Edwards

(b) Address 4355 Washington

19. (a) OCT 8 1945 (Date received local registrar) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1945 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from 9-15-45, 19..., to 10-8-45, 19...; that I last saw h... alive on 10-8-45, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Rectal Hernia Strangulated

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) N.Y.

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 R K Andrews (M. D. or other) 10/8-45

Address 4932 Morgan Date signed

(Licensed Embalmer's Statement on Reverse Side)

R. K. Andrews

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 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.