

FILED JAN 8 1946

Registration District No. ....

Primary Registration District No. 3019

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett  
(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.....  
years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35  
(c) City or town Kennett 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 305 So Vandeventer 2  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10  
year 1945 hour 17 minute 30 a M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....

that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Accident ✓  
Run in to truck

Duration

Due to Neck Broken

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) accident 35  
(b) Date of occurrence Nov 10th 1945  
(c) Where did injury occur? Kennett Mo Rural  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
..... (e) Means of injury 2

23. Signature Walter C. Hawkins or other.....  
Address Kennett Mo Date signed 12-31-45

3. (a) PRINT FULL NAME WILLIAM 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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....  
(Month) (Day) (Year)  
Jan 25 1922

8. AGE: Years Months Days If less than one day  
23 9 16 ..... hr. .... min.

9. Birthplace Clay County Ark 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Filling Station

12. Name R. L. Mitchell

13. Birthplace Unknown Tenn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Levell Bragg

15. Birthplace Unknown Ky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Levell Mitchell

(b) Address 305 So Vandeventer

17. (a) Burial (b) Date thereof 11-11-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Levell Mitchell

(b) Address Kennett Mo

19. (a) 12-31-1945 (b) Levell Mitchell  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 146-22

Date Filed 11/4/46

APR 5 1947

AUG 12 1954

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

*Walter C. Hawkins*

Licensed Embalmer No. 2002

P. O. Address Bennett 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 107Primary Registration District No. 3019Registrar's No. 37

## 1. PLACE OF DEATH:

- (a) County Dunklin  
 (b) City or town Henrett  
 (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 \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME William Mitchell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Jan 24 1922  
(Month) (Day) (Year)

8. AGE: Years 23 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Ark

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_
- 
- (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

- (b) Address \_\_\_\_\_

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

- (c) Place: burial or cremation \_\_\_\_\_

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

- (b) Address \_\_\_\_\_

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

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_

- (c) City or town \_\_\_\_\_
- 
- (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
- Jan
- Day
- 24
- Year
- 1945
- hour \_\_\_\_\_ minute \_\_\_\_\_ 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.

Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

William MitchelDue to pulled over in front of  
on the wrong side of theDue to high way in front of  
a large truckOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: ADDITIONAL PHYSICIAN  
Of operations \_\_\_\_\_ SUPPLEMENTARYOf autopsy INFO REQUESTED INFORMATION  
REQUESTED

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature
- Walter A. Haworth

Address Henrett Mo Date signed 1-24-46

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

MOTHER FATHER

SUPPLEMENTARY

41097

APR 5 1948