

S. No. 2  
M-2-43  
5-17-39  
-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1617  
Registrar's No. 478

**FILED FEB 11 1946**  
Registration District No. 179

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3442 Spruce Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 45 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3442 Spruce Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Mae MITCHELL

3. (b) If veteran, name war None 3. (c) Social Security yes  
No. unknown

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

6. (b) Name of husband or wife George R. Mitchell 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 20th, 1899  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Minneapolis, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Unity School of Christianity

12. Name A. R. Engle

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

14. Maiden name Nettie Nordyke

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

16. (a) Informant George R. Mitchell, Husband

(b) Address 3442 Spruce, Kansas City, Mo

17. (a) Burial (b) Date thereof 1/28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, KC, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood, Kansas City, Mo.

19. (a) 1/26/46 (b) Geraldine Helmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 th  
year 1946 hour 10:05 minute P.M.

21. I hereby certify that I attended the deceased from 1/25, 1946, to 1/25/46, 1946; that I last saw h. alive on 1/25/46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis and R

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions g/a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. E. Boell (M. D. or other) \_\_\_\_\_

Address 1102 E 47th Date signed 1/26/46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1142

1-29-46

Dr James D Ball  
Troost Center Bldg

OCT 15 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 *Edw E Heck*.....

Licensed Embalmer No. *4063*.....

P. O. Address *Kansas 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.