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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1618

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 532

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: 2026 E. 70th St TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2026 E 70th TERRACE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANN MARIA MITCHELL

3. (b) If veteran, name war NO

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 MR. ELISHA MITCELL

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

7. Birth date of deceased AUG 10 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace SPRINGFIELD ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name WILLIAM H. BAILEY
13. Birthplace WEST MORELAND VIRGINIA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AMELIA HONNEWALT
15. Birthplace BORNVILLE OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. A. FREDERIKSEN
(b) Address 2026 EAST 70TH STREET TERRACE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof FEB 1 1946 (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR RAPIDS, IOWA

18. (a) Signature of funeral director O. A. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 2-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 31st year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan. 18, 1946 to Jan. 31, 1946 that I last saw her alive on Jan 26, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis - Hypertension Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 b	
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 [signature] (M. D. ~~or other~~)
Address 80 E Paper Date signed 2/1/46

(Licensed Embalmer's Statement on Reverse Side)

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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 H C Newcomer Jr

Licensed Embalmer No. 4048

P. O. Address K C 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.