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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

2153

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
916 N. 20th St. Joseph Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Zerelda Catherine Mitchell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife W. A. Mitchell

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept (Month) 2 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	12	hr. min.

9. Birthplace Buchanan Co (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Roberts
13. Birthplace (unknown) (City, town, or county) Mo. 1 (State or foreign country)

MOTHER
14. Maiden name Jane Ellen Barnett
15. Birthplace (unknown) (City, town, or county) Mo. 1 (State or foreign country)

16. (a) Informant Mrs. Thomas Lewis

(b) Address 1315 Benton Blvd. Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 16 (Day) 1946 (Year)

(c) Place: burial or cremation Frazier Mo

18. (a) Signature of funeral director H. A. Sullins

(b) Address Gower Mo

19. (a) Jan. 17 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1946 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 14, 1946
that I last saw her alive on Jan 14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	4 yrs
Due to	
Due to	
Other conditions Bronch Pneumonia (Include pregnancy within 3 months of death)	5 day

Major findings:
Of operations
Of autopsy [signature]

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 J. R. Elliott (M. D. or other) Mo. 1

Address 801 Francis St Joseph Mo. Date signed 1/15/46

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(Licensed Embalmer's Statement on Reverse Side)

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. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower 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.