

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2868

FILED FEB 7 1946

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Henry Republican
(b) City or town _____
(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 10 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Republican
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie M Mitchell

3. (b) If veteran, name war _____
3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie Mitchell
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 5 31 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Chas Mitchell
13. Birthplace N.C. 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Adams
15. Birthplace N.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Mitchell
(b) Address Republican MO
17. (a) Burial (b) Date thereof 1-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brownington MO

18. (a) Signature of funeral director Fred W. Williams
(b) Address Clinton MO

19. (a) 1-23-46 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec 5
1945 to Dec 10 1946
that I last saw him alive on Dec 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Embolism
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 93
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 R. R. Kennedy (M. D. or other)
Address Clinton MO Date signed 1/13/46

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

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

RECEIVED
District Health Officer No. 7
District File No. 1-4629
Date Filed 2-3-44

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 *Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton*

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.