

FILED APR 15 1946

State File No.

Registration District No. 5

Primary Registration District No. 5030

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio rural
(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 life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME KIT CARSON MITCHELL

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar /
6. (b) Name of husband or wife Josephine Christine Mitchell 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 26 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Anthony Mitchell
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Francis Menifee
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.C. Mitchell
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 3/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) 3-8-46 (b) Mrs. H.W. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio-rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 15
1946 to March 5 1946
that I last saw him alive on Feb 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none
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 E. W. Vaughn M. D. #11111
Address Tarkio, Mo. Date signed 3/7/46

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

7323

DISTRICT HEALTH OFFICE
Cameron, Mo.

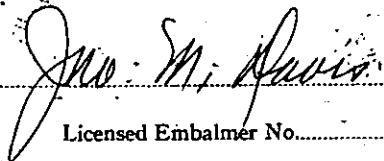
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 2394

P. O. Address..... Tarkio, 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.