

FILED APR 8 1946

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 530 E. Elm
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1946 hour 6 minute 15a. M.

21. I hereby certify that I attended the deceased from 3-2, 1946, to 3-22, 1946;
that I last saw him alive on 3-21, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis
Duration 32 hrs
Due to Coronary heart disease 3 wks at least

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Bruce Lemmon (M. D. or other)
Address 600 Med. Arts, Springfield, Mo. Date signed 3-22-46

3. (a) PRINT FULL NAME Leonard J. Mitchell

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 499-07-6283

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

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

7. Birth date of deceased June 15, 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Nora Springs Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Herman Brownlow Co.

12. Name John H. Mitchell

13. Birthplace UNK. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Clark

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

16. (a) Informant Mrs. Kathryn H. Mitchell

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-23-46 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

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

8023

9
2
6

1946 NOV 9 9461

APR 2 1947

7951 11 11

MAY 17 1946

APR 10 1946

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.....

P. O. Address.....

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.

X