

FILED APR 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 160

Primary Registration District No. 4250

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Joachim
(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 6 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Rural Route
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Japan

3. (a) PRINT FULL NAME Kango Mitori

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1946 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 14 1946 to March 2 1946
that I last saw him alive on March 2 1946
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Japanese

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

6. (b) Name of husband or wife Katsune Mitori

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Mar 22 1889
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration _____

Due to _____

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

8. AGE: Years 56 Months 11 Days 15 hr. _____ min. _____
If less than one day

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

10. Usual occupation Gardener

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Geo. Shimamoto

(b) Address St. Louis Mo.

17. (a) Cremation (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla - St. Louis Co. Mo.

18. (a) Signature of funeral director Frank Emerald Parlor

(b) Address St. Louis Mo.

19. (a) March 11 1946 (b) Alessandro
(Date received local registrar) (Registrar's signature)

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? no.

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

23. Signature Gerhard Balgur (M.D. or other) _____
Address St. Louis, Mo. Date signed 3/8/46

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

8821

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-3-46

APR 5 1946

JUL 22 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 Eleana Prounce

Licensed Embalmer No. 3403

P. O. Address Festus, 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.