

**FILED** APR 15 1946  
Registration District No. **3072**

Primary Registration District No. **3072**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Putnam Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Days**  
(Specify whether years, months or days)

In this community **All His Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**

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

(d) Street No. **R.F.D. 2**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Joseph Rupert Mitchell**

3. (b) If veteran, name war **#**

3. (c) Social Security No. **#**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **29**  
year **46** hour **12** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Kathryn Sims**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **August 19, 1915**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-22**, 19**46** to **3-29**, 19**46**  
that I last saw h./m. alive on **3-29-46** and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus** **7 yrs**  
Duration

8. AGE:	Years	Months	Days	If less than one day
	<b>30</b>	<b>7</b>	<b>10</b>	hr. min.

Due to

Due to

9. Birthplace **Miami Mo.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings: Of operations

11. Industry or business **Farmer**

Of autopsy **61**

12. Name **A.W. Mitchell**

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

13. Birthplace **Miami Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Stockman**

15. Birthplace **Miami Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A.W. Mitchell**

(b) Address **Miami Mo.**

17. (a) **Burial** (b) Date thereof **4/1/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shackelford, Mo.**

18. (a) Signature of funeral director **J. L. ...**

(b) Address **Marshall, Mo.**

19. (a) **3-2-46** (b) **Moot. West...**  
(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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **J. L. ...** (M. D. or other) **DO**  
Address **Marshall, Mo.** Date signed **3/30/46**

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

4-13-46

APR 4 1947

---

---

**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.....

*J. Leslie Swanson*

Licensed Embalmer No. 3235

P. O. Address.....

*Marshall, Wis.*

**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.**