

STANDARD CERTIFICATE OF DEATH

State File No. 15577

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 6 hours
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 214 W. Porter
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Rae Mitten

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 24 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Leon E. Mitten

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

14. Maiden name Mildred Elston

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

16. (a) Informant Leon E. Mitten

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 4/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 5-5-46 (b) Nate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 6:30 minute A; M.

21. I hereby certify that I attended the deceased from April 23 1946 to April 24 1946
that I last saw her alive on April 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Premature (7 mos)

Due to atalectasis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)

Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Kirkville mo Date signed 4-29-46

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

RECEIVED

District Health Officer No. 10

District File Number 5-46-1021 98

Date Filed MAY 23 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 D. E. Kilup.....

Licensed Embalmer No. 4181.....

P. O. Address Kendallville, Ind.....

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.