

FILED JUN 18 1946

3041

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County MACON
(b) City or town MACON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hours
In this community 50 years in Kansas City, Mo.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LETA MITTONG

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Harry Oland Mitton 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. 16 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Arthur Arnold
13. Birthplace Bevier Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Willhoit
15. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George D. Mitton

(b) Address 7440 Highland R.C. St. Mo.

17. (a) Burial (b) Date thereof May 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem. R.C. Mo.

18. (a) Signature of funeral director Albert Skinner

(b) Address MACON, MO.

19. (a) May 31-46 (b) Smith McNeely
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8233 Tracy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24
year 1946 hour 10 minute 45 P.M.

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

Immediate cause of death Coronary Thrombosis Duration 3 hours

Due to _____

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? _____

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

23. Signature Dr. B. L. Edrington (M. D. or other) D.O.

Address Clarence, Mo. Date signed May 25/46

1.45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-1128

Date Filed JUN 6 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.....

Albert Kinner

Licensed Embalmer No.....

737

P. O. Address.....

Macon 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.