. S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1946

State File No. 19134

Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Lancaster
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

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

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bertie Mae Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife William Mitchell

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August (Month) 8 (Day) 1885 (Year)

8. AGE: Years 60 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Clifford Miller
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Belle Woodson
15. Birthplace Schuyler (City, town, or county) Missouri (State or foreign country)

16. (a) Informant R. T. Miller

(b) Address Lancaster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Purcell Fenton

(b) Address Lancaster, Mo.

19. (a) May 20-46 (Date received local registrar) (b) Mrs. A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 30th 1946, 19__, to May 10, 1946, that I last saw her alive on May 10th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Auricular Fibrillation

Due to Possibly Toxemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 95

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 2 D.

Address Lancaster, Mo. Date signed 5/14/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
~~District File Number~~ 6-46-1153
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~~ Purcell Fenton, Registered Apprentice No. 3705, working under my personal supervision.

Signed Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.