

No. 2
1-4-41
-17-39
X26390

State File No. _____
Registrar's No. ~~300~~ 810

FILED JUL 22 1946
Registration District No. _____

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: City Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

In this community 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 201 E Cooper
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MITCHELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mo 28 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Cannery Labor

12. Name Moses Mitchell

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

14. Maiden name Melissa Jones

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

16. (a) Informant Anna Jackson

(b) Address St. Joseph Mo

17. (a) Burial (b) Date thereof June 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Home

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia Mo

19. (a) 7-8-46 (b) A. G. Campbell
(Date received local registrar) (Registrar's signature)

(Licensee's name) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 1946 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 20 1946

that I last saw him alive on Jan 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dropsy Duration 2 years

Due to _____

Due to _____

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

Major findings: Of operations 450

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) (e) Means of injury 0

23. Signature D. W. C. Deary (M. D. or other) MD

Address 6725 - 4th Date signed _____

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Sedalia Mo

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-20-16

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Madison

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.