V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X36671

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

29200

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30375

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4059

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours 39 Min. (Specify whether years, months or days)
In this community 8 hours 39 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Hosp
(If outside city or town limits, write "RURAL")

(d) Street No.: 3041 Terrace
(If rural, give location)

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

If yes, name country

48
5
8
0

3. (a) PRINT FULL NAME: INFANT MITCHELL

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male 2

5. Color or race: Negro

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: August 28, 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 8 hr. 39 min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Herman Mitchell
13. Birthplace: Texas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Myrtle Hooks
15. Birthplace: Ft. Worth (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant: Myrtle Mitchell
(b) Address: 3041 Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln

18. (a) Signature of funeral director: Wm. A. Lohmeyer
(b) Address: City Mortician

19. (a) 9-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1946 hour 12:08 p. M.

21. I hereby certify that I attended the deceased from August 28, 1946, to August 28, 1946; that I last saw him alive on August 28, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Atelectasis	
Cerebral Congestion and Edema	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 161 a	

Major findings:
Of operations:
Of autopsy: Same

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: [illegible] (M. D. or other) M. D.
Address: 600 East 22nd St. Date signed 8/30/46

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.