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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 SEP 18 1946

State File No. 30637

Registration District No. 757 Primary Registration District No. 3028 Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1121 James St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 James St. 3
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Melissa Mitchell

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased August (Month) 5 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	7	hr. min.

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

10. Usual occupation minister

11. Industry or business Church of God

FATHER
12. Name John Mitchell
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Melissa
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Burleson
(b) Address 1121 James St., Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 8-15-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1946 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from May 11, 1946, to Aug 12, 1946 that I last saw her alive on Aug 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162B

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 R. W. Nestor (M. D. or other)

Address Carthage Mo. Date signed Aug 14 46

139 (Licensed Embalmer's Statement on Reverse Side)

46-8-726

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Emm R Knell

Licensed Embalmer No. 891

P. O. Address Carthage

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.