

S. No. 2
OM-5-43
v. 5-17-39
X 336671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32807
1222
Registrar's No.

Registration District No. 42
Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 35 days
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 206 So. 24th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bruce Mitchelhill
3. (b) If veteran, No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29
year 1946 hour 4 minute 30 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice F. Mitchelhill
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 7 1862

21. I hereby certify that I attended the deceased from Sept 24 1946 to Oct 29 1946
that I last saw him alive on Oct 29 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 5 Days 22

Immediate cause of death: Heart Disease (arteriosclerotic)
Duration: Unknown

9. Birthplace Edinburgh Scotland

Due to: _____
Due to: _____
Other conditions: _____

10. Usual occupation Retired Owner
11. Industry or business Mitchelhill Seed Co.

Major findings: Of operations: _____
Of autopsy: _____

12. Name James Mitchelhill
13. Birthplace Selkirk Scotland
14. Maiden name Elizabeth Bruce
15. Birthplace Edinburgh Scotland

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Bruce Mitchelhill
(b) Address St. Joseph, Mo.
17. (a) Burial (b) Date thereof 10/31/46

23. Signature: _____
Address: Hill Conley Bldg. Date signed 10-30-46

(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Heaton, Be. Tole + Bowman
(b) Address St. Joseph, Mo.
19. (a) Oct. 31, 1946 (b) [Signature]

While at work? _____ Means of injury: _____
23. Signature: [Signature] (M. D. [Signature])
Address: Hill Conley Bldg. Date signed 10-30-46

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

MOTHER FATHER

34

JAN 27 1948

DEC 5 1948

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 Raymond W. Morehead
Licensed Embalmer No. 4413-A
P. O. Address 319 So 10th St Joseph, 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.