

S. No. 2
M-5-43
7. 5-17-39
I X36872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

33687

State File No. _____

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 4272

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5628 Brooklyn
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Johnny Nick Mitchell

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 6, 1946, to Oct. 8, 1946
that I last saw him alive on Oct. 8, 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased February 23 1938
(Month) (Day) (Year)

Immediate cause of death Bulbar poliomyelitis

Due to _____

Due to _____

Other conditions 36
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

8	7	26	15	hr. min.
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Major findings:
Of operations _____

Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation student

11. Industry or business X

12. Name C. D. Mitchell

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

14. Maiden name Ellen

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

16. (a) Informant C. D. Mitchell

(b) Address 5628 Brooklyn, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cametary

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) Manner of injury _____

23. Signature Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-9-46

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

336872

Dr. Buckner

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

J. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address. *K.C. 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.