

FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 1174

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville Mo
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Elmer Mitchell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Mitchell 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 26 1886
(Month) (Day) (Year)

20. DATE OF DEATH: Month Oct day 17
year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by hanging
Duration _____

8. AGE: Years Months Days If less than one day
60 2 21 hr. min.

Due to _____
Due to _____

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

10. Usual occupation Farmer

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

11. Industry or business _____

12. Name Tullah Mitchell

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

14. Maiden name Margaret White

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

16. (a) Informant Mr George Mitchell

(b) Address Clever Mo.

17. (a) Burial (b) Date thereof Oct, 20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J.W. Mopler

(b) Address Clever Mo.

19. (a) Oct 19-46 (b) Dr. Mc Math
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
1649

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) Suicide

(b) Date of occurrence Oct 17-1946

(c) Where did injury occur? Marionville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - in barn
(Specify type of place)

While at work? No (e) Means of injury Hanging

23. Signature Herman Hurdigan

Address Marionville Mo Date signed 10/19/46

RECEIVED

District Health Officer No. 6,

District File Number 1046-1060

Date Filed OCT 22 1946

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 Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.