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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

Registration District No. 173

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37675

Primary Registration District No. 5209

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald

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

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald 60

(c) City or town Goodman Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Wesley Moore Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 1, 1892 (Month) (Day) (Year)

8. AGE: Years 54 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name Charles Mitchell
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Julia Cunningham
15. Birthplace (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant George Mitchell
(b) Address Goodman, Mo.

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

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman, Mo.

19. (a) Nov. 24, 1946 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1946 hour 11 minute 0 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 Coronary Occlusion — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature [illegible] (M. D. or other) Coroner
Address Pineville, Mo. Date signed 10-25-46

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.