

FILED JAN 20 1947

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Gronow Nursing Home  
(If not in hospital or institution, write street number or location) 4  
(d) Length of stay: In hospital or institution 86 days (Specify whether years, months or days) Oct 5 - Dec 30 '46

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City, MO  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th  
year 1946 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Oct 5 '46 - Dec 30 1946, to 12-30, 1946.

that I last saw her alive on Dec 30th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary occlusion Duration \_\_\_\_\_  
acute

Due to Chronic Coronary Disease

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Q4A  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margaret Mitchell  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 6 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brown Rock MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business \_\_\_\_\_

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

14. Maiden name Lizzie Pearson  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant George Schweigerdt  
(b) Address Montgomery City MO

17. (a) Burial (b) Date thereof 11-2-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director C. W. Hopkins  
(b) Address Montgomery City MO

19. (a) Jan 3 1947 (b) Mrs R E Palmer  
(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) Means of injury \_\_\_\_\_  
23. Signature Geo H France (M. D. or other) MO  
Address 140 S University ave Date signed Dec 30

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
to Filed

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 on the 30th  
May 1946, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed C. W. Hopkins  
Licensed Embalmer No. 1487  
P. O. Address 76 City View City, 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.