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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1947**  
Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 156  
Registrar's No. 6

Primary Registration District No. 3006

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

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community Five days years, months or days)

3. (a) PRINT FULL NAME Mitchell, Ada Melissa  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband XXXX 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased January 8 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>27</u>	..... hr. .... min.

9. Birthplace: Wright Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Johnson, Nathan  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Stigall, Nancy  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mitchell, Mark  
(b) Address Everton, Missouri

17. (a) ~~Final~~ (b) Date thereof 1-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hartsville, Mo.

18. (a) Signature of funeral director Harold Palmer  
(b) Address Columbia, Mo.

19. (a) 1-4-47 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dade 29  
(c) City or town Everton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route #2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 4  
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 30, 1946, to January 4, 1947;  
that I last saw her alive on Jan 4, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma of mandible 17 years Duration

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 45D  
Of operations.....  
Of autopsy As above.

**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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature H.M. Wiley (M. D. or other)  
Address Columbia, Missouri Date signed 1-4-47

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RECEIVED  
District Health Officer No. 92  
District File Number  
Date Filed JAN 14 1947

FEB 2 1947

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 Thos L. Young  
Licensed Embalmer No. 4132  
P. O. Address Columbia, 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.