

S. No. 2
-12-45
5-17-39
PI XAT070

FILED FEB 10 1947

Registration District No. _____

Primary Registration District No. 3045

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution:
West Marshall St.

(d) Length of stay: In hospital or institution 17 years

In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston

(d) Street No. West Marshall St.

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME William Stevens Mithbell

3. (b) If veteran, name war Not Known

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
year 1947 hour 11:00 minute 45 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Not Known

21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 14, 1947
that I last saw him alive on Jan 14, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months - Days - If less than one day _____ hr. _____ min.

Immediate cause of death Chronic endocarditis with myocardial degeneration

Due to _____

9. Birthplace Memphis, Tennessee

Due to _____

Other conditions _____

10. Usual occupation Day Laborer

Major findings: _____

11. Industry or business Farming

12. Name Not Known

13. Birthplace Not Known

14. Maiden name Not Known

15. Birthplace Not Known

16. (a) Informant Colubus Parker

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 1-14-1947

(c) Place: burial or cremation Oak Grove Cemetery, Charleston, Missouri

18. (a) Signature of funeral director Joe R. Neumeier

(b) Address Charleston, Missouri

19. (a) 1-24-47 (b) John Bondurant

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature T. P. Fenton (Physician or other)

Address Wygatt, Mo Date signed 1-15-47

RECEIVED

District Health Office No. 2,

District File Number 142-157

Date Filed 1-30-48

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.

not Embalmed

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.