

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5810

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 21

1. PLACE OF DEATH: Putnam

(a) County Putnam

(b) City or town Elm Township  
(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 \_\_\_\_\_)  
In this community Life (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Neal Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. 482-20-0725

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1947 hour 1130 minute \_\_\_\_\_ A. M.

4. Sex M

5. Color W race \_\_\_\_\_

6. (a) Single, wid, sep, divorced, Married

6. (b) Name of husband or wife Emma Elvina Mitchell

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 3 26 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 13 1947 to March 1 1947  
that I last saw him live on March 1 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 11 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary thrombosis 15 minutes

Due to myocarditis 5 years

Due to arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Coal Miner

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

12. Name James Mitchell

13. Birthplace Ky.

14. Maiden name Mary Packard (State or foreign country)

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Mitchell

(b) Address Livonia R F D.

17. (a) Burial (b) Date thereof 3-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Ceme

18. (a) Signature of funeral director Husted & Son  
Unionville Mo.

(b) Address \_\_\_\_\_

19. (a) 3-4-47 (b) Marvell Durbin  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Signature Phas L. Dudder M.D. or other Do  
Address Unionville Mo Date signed 3-1-47

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

266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
Service File Number 3-47-38  
Date Filed  
MAR 11 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.....

*Kenneth M. Shavers*

Registered Apprentice No. *418*

working under my personal supervision.

Signed *F. O. Hunt*

Licensed Embalmer No. *2975-*

P. O. Address *Unionville*

**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.**