

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 West 47th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Wichita
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 Burnes Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD ERWIN MITCHELL

3. (b) If veteran, name war No 3. (c) Social Security No. 091-10-9413

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Mabel Mitchell 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 28th. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 10 hr. min.

9. Birthplace Towanda Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Territory Manager

11. Industry or business Gerber Products Company

MOTHER FATHER
12. Name William Mitchell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emily Erwin
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Mitchell

(b) Address Wichita, Kansas

17. (a) Removal (b) Date thereof 5 - 9 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 5-9-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 1947 hour 11:00 minute 1 M.

21. I hereby certify that I attended the deceased from 19 , to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to

Due to
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations
Of autopsy

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) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed 5-9-47

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

JUN 3 1948

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.