S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1947

Registration District No. 473

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 23494

Registrar's No. 273

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
Home Cross St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No.: Cross St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Thomas Henry Mitchener

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs Drew Mitchener

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: February (Month) 1 (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 6 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Retired

11. Industry or business: Farmer

FATHER
12. Name: James Mitchener /
13. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Blackman
15. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Drew Mitchener
(b) Address: Poplar Bluff, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Frank-Cotrell Chapel
(b) Address: 412 Vine St. Poplar Bluff Mo

19. (a) 7/19/47 (Date received local registrar) (b) Robert Lee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June, 1946 to July, 1947
that I last saw him alive on July 28, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	15 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (e) Means of injury

23. Signature: Fred Bing (M. D. or other)
Address: Poplar Bluff, Mo. Date signed 7-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-~~[illegible]~~ 10
Date Filed 2-28-47

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff, 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.