V. S. No. 2
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ev. 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 AUG 6 1947

Registration District No. 638

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24000

Primary Registration District No. 5526

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Preston
(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 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town Preston
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mahala Jane Mitchell

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 - 5 - 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	6	14	hr. min.

9. Birthplace Benton County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Richard Wiseman
13. Birthplace Virg. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clarcia Childress
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elsie Shumate
(b) Address Preston, Mo

17. (a) Burial (b) Date thereof 7-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fisher Cemetry

18. (a) Signature of funeral director Gilbert Hathaway
(b) Address Wheatland Mo

19. (a) July 28-1947 (b) W. P. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to July 19 1947
that I last saw her alive on July 18 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 hr
Due to Renal Vascular Chronic Sensitivity	5 hrs
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 La Glosa (M. D. or other) MY
Address Urbana Date signed 7/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Vital Statistics Office No. 7,
District File Number 7-KZ-886
Date Filed 8-K-KZ

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 Forrest O. Abernathy, Registered Apprentice No. 419, working under my personal supervision.

Signed William C. Mendenhal

Licensed Embalmer No. 4449

P. O. Address Wheatland, 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.