FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 12 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27127

Registration District No. 12 — Primary Registration District No. 3013 — Registrar's No. 98

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: North Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1914 Clay St. N.K.C. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: North Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1914 Clay St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: xx

3. (a) PRINT FULL NAME: Georgia P. Mitchell
3. (b) If veteran, name war: no
3. (c) Social Security No.: 512-18-9607
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edw. M. Mitchell
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Aug. (Month) 20 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	25	xxxxxx min.

9. Birthplace: Kearney (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Work
11. Industry or business:
MOTHER FATHER
12. Name: Robert O. Burgess
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ella Mc Daniel
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Emma Burgess
(b) Address: 1914 Clay St N. Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Guyman Okla.
18. (a) Signature of funeral director: Morton-Smith's
(b) Address: 832 Armour Rd N. Kan. City
19. (a) Aug 16th 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Aug. day: 15 year: 1947 hour: 3:30 minute: P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on 3:30 PM 8-15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ventricular Fibrillation	
Due to: Heart Block	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: NO	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: James E. Jackson M.D. (M. D. or other)
Address: Compassionate Care Date signed: 8-15-1947
KC Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 2 1/47 17-39

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-10-47

APR 4 1949

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 Chester A. Flannery Registered Apprentice No. 449 working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.