S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27844
Registrar's No. 3622

FILED SEP 2 1947

Registration District No. 1479

Primary Registration District No. 1002

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

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 11411 E. 23rd 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MR. JOHN A. MITCHELL
3. (b) If veteran, name war no
3. (c) Social Security No. 702-18-3353
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Matilda Mitchell
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov. 15, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	6	hr. min.

9. Birthplace Chillicothe, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Railroad switchman
11. Industry or business Missouri Pacific RR Co.

FATHER
12. Name James A. Mitchell, 4
13. Birthplace unknown, England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Matilda Mitchell
(b) Address 11411 E. 23rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 26 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 8-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1947 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from Pathologist, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 47 N
Major findings:
Of operations
Of autopsy See Above

Duration

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 A E Ussher MD (M. D. or other)
Address 2800 Main Date signed 8/27/97

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 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 _____ Registered Apprentice No. _____ working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.