

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30785

FILED OCT 8 1947

State File No. _____

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life.
years, months or days

3. (a) PRINT Mrs. Matilda Mitchell
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jess W. Mitchell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Boonville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name John Fredmeyer

13. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Catherine Eder

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kathryn Cochran,

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17th 47 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville Mo

19. (a) 9-17-47 (Data received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville (If outside city or town limits, write "RURAL")
(d) Street No. 4th Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1947 hour _____ minute 10¹ M.

21. I hereby certify that I attended the deceased from Sept 16 1947 to Sept 16 1947
that I last saw her alive on Sept 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death The pneumonia
Due to The pneumonia
Due to pneumonia

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Boonville Mo Date signed 9/17/47

Duration 21
years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 37

District File Number.....

Date Filed 10-7-47

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.....

William W. Wood....., Registered Apprentice No. 480
working under my personal supervision.

Signed G. F. Roller.....

Licensed Embalmer No. 3062.....

P. O. Address Boonville, 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.