S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1947

Registration District No. 570

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6167

State File No. 33463

Registrar's No. 55

**1. PLACE OF DEATH:**

(a) County: Stone

(b) City or town: rural- Union
(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 years, months or days)
most of life
In this community:

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: S Stone 104

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

(d) Street No.: Billings, R#1
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George Washington Mitchell

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Bertha Mitchell

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: May, 10, 1880 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 1 | 23 | hr. min. |

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

10. Usual occupation: farming

11. Industry or business:

FATHER
12. Name: Tullah Mitchell
13. Birthplace: (City, town, or county) un (State or foreign country)

MOTHER
14. Maiden name: Caroline White
15. Birthplace: (City, town, or county) un (State or foreign country)

16. (a) Informant: Andrew Mitchell
(b) Address: Billings, Mo. R#1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Carmel cem

18. (a) Signature of funeral director: T.W. Maples
(b) Address: Clever, Mo.

19. (a) 7-16-47 (Date received local registrar) (b) Carl Leslie Fleetwood (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: July day: 3rd
year: 1947 hour: 11 minute: 30 P.M.

21. I hereby certify that I attended the deceased from May 19 47 to July 3 19 47 that I last saw him alive on July 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphosarcoma — Duration: 6 Mo.

Due to: Primary cancer tongue & pelvic cellulitis

Due to: Generalized metastasis

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 4510

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:

(c) 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: 0

23. Signature: C.P. Gill M.D. (M. D. or other)

Address: Cassville, Mo Date signed: 7-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1047-1020
Date Filed OCT 10 1947

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**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 T. W. Mayles

Licensed Embalmer No. 2985

P. O. Address Clever, 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.**