

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39184  
Registrar's No. 73

Registration District No. 276 Primary Registration District No. 5947

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

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town St James Twp.  
(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 no stay  
(Specify whether  
In this community 140 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps  
(c) City or town St James Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME John H. Mitchell  
3. (b) If veteran V name wa  
3. (c) Social Security No. 493-288968

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs Mitchell  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased 12 8 - 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 18 hr. min.

9. Birthplace Franklin MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name James Mitchell  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Woodruff  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mitchell

(b) Address St James MO

17. (a) Shepherd Hill (b) Date thereof 11-29-47  
(City, town, or county) (Month) (Day) (Year)  
(c) Shepherd Hill  
(Place, burial or cremation)

18. (a) Signature of funeral director Case E. Beckley

(b) Address St James MO

19. (a) Dec 2, 47 (b) Capa E. Birmingham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25  
year 1947 hour minute M.  
21. I hereby certify that I attended the deceased from Nov 25  
1947 to Nov 25 1947  
that I last saw him alive on Nov 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Athero  
arterial Sclerosis  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy gpa

Duration  
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?

While at work? (Specify type of place)  
(e) Means of injury

23. Signature William H. Brewer (M. D. or other)  
Address St James MO Date signed 12/1/47

**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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Oral E. L. Baker*

Licensed Embalmer No..... *3544*

P. O. Address..... *St James m*

**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.**