. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41522

FILED JAN 3 1948

Registration District No. 1 Primary Registration District No. 5523 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Hickory Green Township
(b) City or town Hermitage (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6 Miles S. E. of Hermitage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Hermitage 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles S. E. of Hermitage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Frances Elizabeth Mitchell
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel J. Mitchell
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Mar. 22, 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Work
FATHER
12. Name William Dabbs
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Sidwell
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. A. Sawyers
(b) Address Hermitage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Nemo Cemetery
18. (a) Signature of funeral director Erwin Blue
(b) Address Bolivar, Mo.
19. (a) Dec 24 1947 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23, year 1947 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from Dec 23, 1947 to Dec 23, 1947 that I last saw her alive on Dec 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart failure	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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:
(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 0
23. Signature D. C. McCrary (M. D. or [redacted])
Address Bolivar Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-202
Date Filed 1-7-78

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 Richard P. Erwin

Licensed Embalmer No. 2092

P. O. Address Palmyra, 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.