No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7413

Registration District No. FILED FEB 23 1948

Primary Registration District No. 6676

Registrar's No. 443

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town CARSONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3912 Carson Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St Louis 96
(c) City or town CARSON VILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3912 CARSON ROAD 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME IDA Mitchell
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 2
6. (b) Name of husband or wife WM. H
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JAN (Month) 4 (Day) 1870 (Year)

8. AGE: Years 87 Months 1 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business .....
FATHER
12. Name U. N Severs
13. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)
MOTHER
14. Maiden name U. K
15. Birthplace ..... (City, town, or county) IOWA 1 (State or foreign country)
16. (a) Informant FRED GILBERT
(b) Address 3912 CARSON ROAD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 18 48 (Month) (Day) (Year)
(c) Place: burial or cremation LAUREL HILL
18. (a) Signature of funeral director Cullen - Kelly
(b) Address 7267 NAT BRIDGE
19. (a) 2-17-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
200	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other)
Address Commissioner of Health Date signed 2-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

W. Sharp

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 Van Seymore

Licensed Embalmer No. 4343

P. O. Address Manchester ave 4104

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.