

MISSOURI JOURNAL OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8829

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: TRINITY LUTHERAN HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1510 ADMIRAL BLVD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24TH
year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Pathologist 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac dilatation
Due to Coronary arteriosclerosis,
severe
Due to

Other conditions Hypertensive Congestive
(Include pregnancy within 6 months of death) pneumonia.

Major findings:
Of operations
Of autopsy above 930

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 0

23. Signature John Mitchell (M. D. or other) M.D.
Address Trinity Lutheran 667 Date 24 March 48

3. (a) PRINT FULL NAME MR. CHARLES H. MITCHELL

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MINNIE M. MITCHELL 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JUNE 21 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day hr. min.

9. Birthplace ST. CLAIR COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

12. Name JOHN MITCHELL

13. Birthplace UNKNOWN OHIO 1
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA EVANS

15. Birthplace ZANESVILLE OHIO 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MINNIE M. MITCHELL

(b) Address 1310 ADMIRAL BLVD.

17. (a) CREMATION (b) Date thereof MARCH 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-25-48 (b) S. Geraldine Holme
(Date received local registrar) (Registrar's signature)

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

18
3
8

3364 *Funeral* Block
1-5

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 *Jess T. News*
Licensed Embalmer No. *445-3*
P. O. Address *Kansas City*

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.