

Registration District No. 275

Primary Registration District No. 5941

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Phelps Rural - Miller Twp.  
(b) City or town Phelps Rural - Miller Twp.  
(c) Name of hospital or institution: 1  
(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 MO (b) County Phelps  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #2 - West of Rolla 7 miles  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1948 hour 11 minute 35 A.M.  
21. I hereby certify that I attended the deceased from June  
1947 19   to Mar 15 1948  
that I last saw him alive on Mar 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature A.H. Davis M.D. (M.D. or other)  
Address Rolla Mo Date signed 3/16/48

3. (a) PRINT FULL NAME Charles S. Mitchell  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Mitchell  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 8 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 3 17 hr. min.

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

10. Usual occupation Brick Mason

11. Industry or business Contracting

12. Name Charles H. Mitchell

13. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mason Hall

15. Birthplace Warsaw MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Mitchell

(b) Address Rolla, Mo

17. (a) Burial (b) Date thereof 3-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director W.D. Smith

(b) Address Rolla, Mo

19. (a) 3-18-48 (b) Madeline S. Stoll  
(Date received local registrar) (Registrar's signature)

ENCLOSED  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MAR 23 1948

RECEIVED

Phelps County Health Officer,

County File Number

Date Filed 3-24-48

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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 *W. H. Waco*  
Licensed Embalmer No. 3643  
P. O. Address Pelee, 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.**