S. No. 300
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rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 24 1948

Registration District No. 449

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12776

Primary Registration District No. 1002

Registrar's No. 1658

48 3 8

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: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 21 days (Specify whether years, months or days)

In this community: 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 1662 Jefferson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Fred B. MITCHELL

3. (b) If veteran, name war: no

3. (c) Social Security No.: 493-22-4636

4. Sex: male O

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lola Mitchell

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: June (Month) 2, (Day) 1893 (Year)

8. AGE: Years 54 | Months 10 | Days 11 | If less than one day: hr. min.

9. Birthplace: Topeka, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Retired Fireman

11. Industry or business: KC Fire Department

FATHER
12. Name: Byron Mitchell
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Elizabeth Scott
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs. Lola Mitchell
(b) Address: 1662 Jefferson St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 4-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 13 year: 1948 hour: 9 minute: 55 P.M.

21. I hereby certify that I attended the deceased from March 23, 1948, to April 13, 1948, that I last saw him alive on April 13, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal cirrhosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 124	
Major findings: Of operations:	
Of autopsy: See above	

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: O

23. Signature: Wm. W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 4-14-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pennell

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.....

Licensed Embalmer No. 2227

P. O. Address..... KC

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.