S. No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16722

Registration District No. FILED JUN 12 1948 6

Primary Registration District No. 7001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: NEAR SENECA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON 73
(c) City or town: NEAR SENECA, 0 (If outside city or town limits, write "RURAL")
(d) Street No.: ROUTE #2 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: EFFIE MABLE MITCHELL
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOW 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 18 (Day) 1881 (Year)

8. AGE: Years 67 | Months 2 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Near Seneca, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Milam Gilman
13. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
14. Maiden name: Martha Dooley
15. Birthplace: Ill 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Glenn Mitchell
(b) Address: 1714 Jackson, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hornet
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Mo
19. (a) 5-4-48 (Date received local registrar) (b) Delsie Lampkins (Registrar's signature) 24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour ~~April 30~~ M.
21. I hereby certify that I attended the deceased from April 20 48, to April 30 1948 19..., that I last saw her alive on 4/30/48 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: surgical removal of gall-bladder	4/20/48
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 1274	

Major findings:
Of operations: Gall bladd r removed.
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): no
(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: O. Mitchell M.D. (M. D. or other)
Address: Joplin Mo. Date signed: 5/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-437

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

S. No. 2B
57—3-45
I X43880

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. June

Registration District No. 156 Primary Registration District No. 204 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Effie M. Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 18 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1948 day 3 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.

Immediate cause of death	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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-16722