

Registration District No. 291

Primary Registration District No. 5991

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural Liberty
(c) Name of hospital or institution Unionville Mo
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural
(d) Street No. Unionville Mo
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Emma Mitchell

3. (b) If veteran, name war ## 3. (c) Social Security No. ##

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Neal Mitchell 6. (c) Age of husband or wife if alive 1 1884 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 0

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

10. Usual occupation Home Keeper

11. Industry or business

12. Name James Fowler

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

14. Maiden name Jane Hockensmith

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

16. (a) Informant Violet McHenry (b) Address Unionville Mo

17. (a) Burial (b) Date thereof 6-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Shipley Cem.

18. (a) Signature of funeral director (b) Address Unionville, Mo

19. (a) 6-15-48 (b) Maxwell Durbin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 11:45 minute 1 P M.

21. I hereby certify that I attended the deceased from May 1948 to June 1948 that I last saw her alive on June 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 15 minutes

Due to arteriosclerosis Due to hypertensive years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Mean) of injury

23. Signature Phas L. Smith (M. D. or other) D.O.

Address Unionville, Mo Date signed 6-24-48

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

2
45
39
47070

RECEIVED

District Health Officer No.

District File Number 6-48-1

Date Filed JUN 22 1948

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. O. Husted

Licensed Embalmer No. 2970-

P. O. Address Unionville N.C.

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.