S. No. 300
M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26487

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3166

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: 2639 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2639 Garfield 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helena Avalona Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife William V. Mitchell

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 24, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	1	7	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant William Mitchell
(b) Address 2639 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Haskins Bros
(b) Address 1729 Lydia Ave

19. (a) 8-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 1
year 1948 hour 3 minute 05 A M.

21. I hereby certify that I attended the deceased from April 22, 1948, to August 1, 1948
that I last saw her alive on July 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Occlusion
Toxemia

Due to Fibrosarcoma Right Lung

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 47 d

Of autopsy

Duration

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 Roscoe B Fleming (M. D. or other)
Address 1433 E 19th St Date signed 8/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 L. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.