No. 300
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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. 26488

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3213

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: 1441 Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1441 Independence Ave. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Julia A. Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Marion Mitchell

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

7. Birth date of deceased February (Month) 14th. (Day) 1871 (Year)

8. AGE: Years 77 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

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

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

16. (a) Informant Mrs. Edith Schoor
(b) Address 3618 Flora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Missouri

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 8-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th. year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 7-16, 1948 to 8-4, 1948; that I last saw her alive on 8-4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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 Chas C Montgomery (M. D. or other)
Address 306-E-12-PL.C.MO Date signed 8/7/48

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg. 9th Floor

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.