No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33275

Primary Registration District No. 2001

Registrar's No.

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

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: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)
In this community: 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Galesburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Charles R. Mitchell
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna Mitchell
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: March (Month) 29 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace: Bellville, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: Edward Mitchell
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 7
16. (a) Informant: Mrs. Edna Mitchell
(b) Address: Galesburg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 22, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Weaver Cem.
18. (a) Signature of funeral director: Johnston-Arnce-Simpson
(b) Address: Webb City, Missouri
19. (a) 10-27-48 (Date received local registrar) (b) [illegible] (Registrar's signature)
138-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 20 year: 1948 hour: 5 minute: A.M.

21. I hereby certify that I attended the deceased from July 10, 1948, to 10-20, 1948, that I last saw him alive on 10-20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	8 hrs
Due to: Chronic Myocarditis	—
Due to: Carcinoma - (Pancreas) Primary	—
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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)
(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: [illegible] (M. D. or other) D.O.
Address: Elba, Mo. Date signed 10-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-11-891

AUG 22 1949

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Harvey E. Armer

Licensed Embalmer No. 7265

P. O. Address Wibl 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.