

S. No. 2  
-11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 19 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35408

State File No. \_\_\_\_\_

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 138

1. PLACE OF DEATH:

(a) County VERNON

(b) State Hospital #3 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. 1 mo. 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

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

(d) Street No. None  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME James A. Mitchell

8. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7  
year 1948 hour 12:20 minute A M.

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased October 3 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17, 1948 to Oct 1, 1948; that I last saw him alive on Oct 1, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 0 Days 4  
If less than one day ✓ hr. ✓ min.

Immediate cause of death Pulmonary Tuberculosis 6 yrs

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) None Exposure psychosis Exposure

11. Industry or business None

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER: 12. Name James Mitchell

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

14. Maiden name Betty Elmore

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

Of autopsy 10

16. (a) Informant Beards

(b) Address State Hospital #3

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo

(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? \_\_\_\_\_

18. (a) Signature of funeral director T. J. Anderson

(b) Address Anderson Mo

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) 10-13-48 (b) W. H. Walker  
(Date received local registrar) (Registrar's signature)

23. Signature James J. Pascoe (M. D. or other) MD  
Address State Hwy #3 Date 10-7-48

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

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1185

Date Filed 10-16-48

---

---

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 me

Registered Apprentice No. ✓

working under my personal supervision.

Signed

R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Andover, 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, above space should be left blank.