S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41085

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City Carroll
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 74 yrs. 6 mos. 26 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred Mitchell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 1 (Day) 1874 (Year)

8. AGE: Years 74 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation stone mason

11. Industry or business

FATHER
12. Name Josh Mitchell
13. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Phyllis Campbell
15. Birthplace — (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Annie Lucas
(b) Address Platte City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rollins & Mitchell
(b) Address Platte City, Mo.

19. (a) 12-27-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1948 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 29, 1948, to Dec 27, 1948; that I last saw him alive on Dec 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular fibrillation	2 days
Due to: Hypertensive Cardio vascular renal disease	2 y
Due to: Decompensated heart & generalized arteriosclerosis	6 y
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1 3/16
Of autopsy

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 H. Graham Parker (M. D. or other) MD
Address Platte City, Mo Date signed 12/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-11-49

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 Frances M. Giffee

Licensed Embalmer No. 4393

P. O. Address.....

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.