

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22986

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett, Mo</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		35	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 BEATON ST. 1</u>				d. STREET ADDRESS (If rural, give location) <u>910 BEATON ST. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>			b. (Middle) <u>COLUMBUS</u>		c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26, 1949</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>September 11, 1872</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>OBION Co. Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Elizabeth Mitchell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>21000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Mitchell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1948</u> , to <u>July 26, 1949</u> , that I last saw the deceased alive on <u>July 26, 1949</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Beckwith</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>July 27, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAKRIDGE Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 1-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson - Son</u>		ADDRESS <u>Honessville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 194

District Health Office No. 2

District File Number 849-812

Date Filed _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W T Emerson

Licensed Embalmer No. 249-352

P. O. Address Spencerboro

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.