No. 300
10.48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40258

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1353

11
7

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 1
c. LENGTH OF STAY (in this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 518 No. 3rd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 518 No. 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) —
c. (Last) Mitchell

4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 1949

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 7 24 1882
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Weston Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Mitchell
13b. MOTHER'S MAIDEN NAME Mary Jane (unk.)
14. NAME OF ~~HUSBAND OR~~ WIFE Acquilla Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None 512-05-1293
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Watson | ADDRESS 4127 Minnie Kansas C. - Ks.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Pulmonary Edema	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Rheumatic Heart Disease	Ukn.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		416X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1949, *to* Dec. 10, 1949, *that I last saw the deceased alive on* Nov. 10, 1949, *and that death occurred at* 8:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Clement C. [illegible] (Degree or title)
23b. ADDRESS The Schneider Bldg. St. Joseph, Missouri
23c. DATE SIGNED 12-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12 16 1949
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
24d. LOCATION (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG. Dec. 14, 1949
REGISTRAR'S SIGNATURE E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander | ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1950
DEC. 31 1949
JAN 3 1950

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.

Signed Wm. H. Alexander

Signed .....
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.