

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9143**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>900 E. Hayward</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 900 E. Hayward</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie</b> b. (Middle) <b>B</b> c. (Last) <b>Mitchell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11, 1950</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Oct. 16, 1866</b>		9. AGE (in years last birthday) <b>83</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>		11. BIRTHPLACE (State or foreign country) <b>Bedford, Ind.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>W. J. Kentry</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Bright</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. W. Mitchell (deceased)</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Georgia Miller, Indep. Mo</b>	
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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) <b>mod &amp; 2nd degree burns entire body</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2</b> <b>16</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>body</b>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>fracture &amp; infection 120</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Independence Jackson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-11-50 7:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>stone exploded</b>	

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur A. Quinn's Currier</b>		23b. ADDRESS <b>1039 Beal St Bldg</b>		23c. DATE SIGNED <b>3-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar. 13, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
				24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Mar. 12-1950</b>		REGISTRAR'S SIGNATURE <b>Alvin H. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. ... Independence, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 20 RECD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Tom D Markland*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4592

P. O. Address. Indep 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.