

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. **23618**
2996
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 55 YEARS		d. STREET ADDRESS (If rural, give location) 4434 Forest Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4434 Forest Ave			

3. NAME OF DECEASED (Type or Print) Dottie Lee O. Mitchell			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 27, 1871		9. AGE (In years last birthday) 78 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ALTONA MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CREIGHTON OWEN		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH HAGGARD		14. NAME OF HUSBAND OR WIFE ERASMUS M. MITCHELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mary Grace Hessler	

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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Don't know	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nephritis			Don't know	
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)		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 **June 27, 1950**, to **July 6, 1950**, that I last saw the deceased alive on **7/6**, 1950, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Ball		23b. ADDRESS 1102 E 47th R.C. MO		23c. DATE SIGNED 7/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JULY 8, 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 7-8-50		REGISTRAR'S SIGNATURE Thelma Holmes		25. FUNERAL DIRECTOR'S SIGNATURE N.W. Newcomb Sons	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Albert L. Savage
working under my personal supervision.

Student Embalmer No. 360

Signed, Albert L. Savage
Student Embalmer 360

Signed, Edmund M. Stoney

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.