

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24583

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3244

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, M	
c. LENGTH OF STAY (in this place) 33 Yrs.		d. STREET ADDRESS (If rural, give location) 2305 E. 12th Street 3258	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2305 E. 12th St.			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle)	c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952
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5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 8, 1897	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months 3	11. UNDER 1 YEAR Days 7	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kelton, Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Sarah (unknown)	14. NAME OF HUSBAND OR WIFE Ailline Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 495-03-9860	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ailline Mitchell	ADDRESS 2305 E. 12th St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 59-1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Chronic Glomerular Nephritis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan. 19, 1951**, to **July 15, 1952**, that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **4:55 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Bruce P. McDonald, M.D.	23b. ADDRESS 2604 Prospect Avenue	23c. DATE SIGNED 7/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 23, '52	24c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. 7-17-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc.	ADDRESS 1905 Vine
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2710

P. O. Address K. C. 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.