

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27044**

BIRTH NO. **70325-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **359A**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1024 Garfield		3178 D	
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Margaret	b. (Middle) Louise	c. (Last) Mitchell	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 8-1-56	
9. AGE (In years last birthday)		10. MONTHS 4	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Donald Mitchell		13b. MOTHER'S MAIDEN NAME Martha Newton	
14. NAME OF HUSBAND OR WIFE none		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 Florine Mitchell	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 1024 Garfield	
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity due to prematurity			
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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 (Month) (Day) (Year) (Hour) OF INJURY		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 8-1-56 , 19___, to 8-1-56 , 19___, that I last saw the deceased alive on 8-1-56 , 19___, and that death occurred at 6:00 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE R. Peterson		23b. ADDRESS 600 E. 22nd St.	
23c. DATE SIGNED 8-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-22-56	
24c. NAME OF CEMETERY OR CREMATORY Fields		24d. LOCATION (City, town, or county) (State) KC MO	
DATE REC'D BY LOCAL REG. 8-16-56		REGISTRAR'S SIGNATURE Wm Marshall	
25. FEDERAL DIRECTOR'S SIGNATURE Wm A. Sawyer		ADDRESS KC MO	

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Am A. Bohmeyer

Licensed Embalmer No. 308

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.