

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32836

Registration District No. 67723

Primary Registration District No. 4403

Registrar's No. 121

1. PLACE OF DEATH:

- (a) County R. Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2  
(Specify whether

In this community  
years, months or days)

8. (a) PRINT  
FULL NAME

Sherrill Louis Mitchell

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex

m

5. Color or  
race wh

6. (a) Single, widowed, married,  
divorced married

6. (b) Name of husband or wife

Lee Mitchell

6. (c) Age of husband or wife if  
alive 30 years

7. Birth date of deceased

June 22, 1862  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

3

8

hr. min.

9. Birthplace

Quicking Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Superintendent

11. Industry or business

MOTHER FATHER

Sherrill Louis Mitchell

12. Name

Sherrill Louis Mitchell

18. Birthplace

Sherrill Louis Mitchell  
(City, town, or county) (State or foreign country)

14. Maiden name

Sherrill Louis Mitchell  
(City, town, or county) (State or foreign country)

15. Birthplace

Sherrill Louis Mitchell  
(City, town, or county) (State or foreign country)

16. (a) Informant

W. W. Mitchell

(b) Address

Rolla Mo

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof Oct. 1, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation

Rolla Mo

18. (a) Signature of funeral director

W. W. Mitchell

(b) Address

Rolla Mo

19. (a)

(Date received local registrar)

Oct. 1, 1940

(b) Joe F. Myers  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town

Rolla  
(If outside city or town limits, write "RURAL")

(d) Street No.

Salem Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30

year 1940 hour 2:15 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1st

1940 to Sept 30, 1940

that I last saw him alive on Sept 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

myasthenia gravis

Duration

2 yrs

Due to

g2c

Due to

Other conditions

Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

610  
While at work?

(Specify type of place)

(e) Means of injury

23. Signature

E. E. Feind (M. D. or other)

Address 8305 534 Rolla Mo Date signed Oct 1-40

RECEIVED

District Health Officer No. 5,

District File Number 10401031

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Licensed Embalmer No. 3397

P. O. Address Racine

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, above space should be left blank.