N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 9 1938

17194
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1891
(c) City K. C. Mo. — (d) Street No. 142 Cypress St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Blanche Mitchell 3 24
(a) Residence, No. 142 Cypress St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clark Ell Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1851

7. AGE: YEARS 87 — MONTHS 0 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beloit, Wisconsin

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Amie Bagley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Vance Sessions, 142 Cypress

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockford, Ia DATE May 5, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wagner Funeral Home, Kansas City, Mo.

20. FILED 5-5, 1938 M M Crowe asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to May 3, 1938
I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 4:30 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Broncho Pneumonia	May 1
932	

Other contributory causes of importance:
Cardiac Degeneration Chronic — Sept 1937
Ac Bronchitis — Apr 14/38

Name of operation ..... Date of ..... no
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Dean S Rising M. D.
(Address) 1107 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)