

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 434

11274  
Do not use this space.

REC'D APR 18 1939

## 1. PLACE OF DEATH

(a) County Johnson Registration District No. 5586  
 (b) Township Post Oak Primary Registration District No. 4206  
 (c) City or ..... (d) Street No. .... 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.

Registered No. 430

## 2. PRINT FULL NAME

345 Nancy Ellen Mittlin  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lafayette Mittlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 0 13

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. housewife  
 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) Dickinson Co. Mo.13. NAME Asbury Cleek 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 915. MAIDEN NAME Becky Ann Riley 916. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 217. INFORMANT (ADDRESS) Estel Mittlin  
R.F.D. 5 Warrensburg Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cornelia Cem. Johnson Co. Mo. DATE Mar-13 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Wilcox Funeral Service  
Warrensburg Mo.20. FILED April 8, 1939 Annabel Reynolds  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 193922. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, to March 11, 1939

I last saw h. ex. alive on March 8, 1939. Death is said to have occurred on the date stated above, at 8 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset 2

Other contributory causes of importance:

Arterial SclerosisName of operation None Date of .....What test confirmed diagnosis? ..... Was there an autopsy? no

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) R. Lee Cooper, M. D.390 (Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-27-38 I X16605

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4/23/39

**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.....

Donald W. Turpin....., Registered Apprentice No.....  
working under my personal supervision.

Signed Donald W. Turpin.....

Licensed Embalmer No. 3053.....

P. O. Address Watersburg Me......

**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.**