

REC'D SEP 8 1939

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

29443

Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 417
(b) Township JOPLIN Primary Registration District No. 3021 Registered No. 61
(c) City Webb City (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.
2. PRINT FULL NAME Infant of Dan Mitchell
(a) Residence, No. 1029 Prospect St. 7 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1, 1939</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>CHILD</u>	
	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) <u>Webb City</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Dan Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Princeton</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Bethie Gray</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Centerville</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Dan Mitchell</u> (ADDRESS) <u>Webb City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webb City Cem.</u> DATE <u>8/1</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Webb City Union</u> (ADDRESS) <u>Webb City, Mo</u>		
20. FILED AUG. 1 39 19 <u>P. L. Bitcher</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1939, to Aug. 1, 1939

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stethosis

Other contributory causes of importance:
Causes Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) P. L. Bitcher M. D.
(Address) Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 6,

District File Number 939-1755

Date Filed SEP 5 1939

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 ^{THX}.....

Any one....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.