

REC'D NOV 14 1939

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

36601
Do not use this space.

1. PLACE OF DEATH
 (a) County Mc Donald Registration District No. 117
 (b) Township Mountain Primary Registration District No. 6
 (c) City Washburn (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jasper Franklin Mitchell
 (a) Residence, No. Ruby, Mo. (Newton Co.) St. (If nonresident, give city or town and State)
 (Usual place of abode, if not street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Leona Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as anwyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) Oct 1st 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware Co. Okla

FATHER 13. NAME Phillip G. Mitchell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

MOTHER 15. MAIDEN NAME Amy R. Mitchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo.

17. INFORMANT (ADDRESS) P. G. Mitchell, Washburn, Mo. R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller Cem. DATE 10/23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Miller Funeral Service, Dea Ridge, Arkansas.

20. FILED Nov 1 1939 Ms. Georgia Camp Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1939 to Oct 22 1939
 I last saw him alive on Oct 21 1939 Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Peritonitis
ruptured aortic aneurysm
 Date of onset 10/17/39

Other contributory causes of importance:
arteriosclerosis

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) Dr. P. G. Green, M. D.
 (Address) 466 Post Office

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

AUG 1 8 1954

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. _____

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.