

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.

DEC 15 1939

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

39688
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 328
 (b) Township Greene Primary Registration District No. 3017
 (c) City Trenton (d) Street No. Puller Hospital Registered No. _____
 (e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 324 ANN MARY MITCHELL
 (a) Residence, No. South MAIN St. (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 OREN C. MITCHELL
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 8
 OCCUPATION 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. HOME
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation LIFE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 29 - 1939, to Oct. 25 - 1939
 I last saw him alive on Oct. 25, 1939 Death is said to have occurred on the date stated above, at 11:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast with metastases to lung and other vital organs.
 Date of onset _____

Other contributory causes of importance:
Strangulated left femoral hernia
Arteriosclerosis general

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FREEPORT ILLINOIS
 FATHER 13. NAME WILLIAM SHEETZ
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA
 MOTHER 15. MAIDEN NAME EMMA ROXY SNYDER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO
 17. INFORMANT (NAME) CHARLEY MITCHELL
 (ADDRESS) TRENTON MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE GROVE DATE OCT. 27 1939
 19. FUNERAL DIRECTOR (NAME) HEMLEY FUNERAL HOME
 (ADDRESS) TRENTON MISSOURI
 20. FILED 10-26-39 J. Fred J. J. J. Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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) Wm A. J. J., M. D.
 (Address) Trenton Mo

RECEIVED

District Health Officer No. 11,

District File No. 1239-1623

Date DEC 4 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,

Clifford Obry

....., or by

Registered Apprentice No., working under my personal supervision.

Signed:

Clifford Obry

Licensed Embalmer No. 3423

P. O. Address Greentown Mo

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.