

Registration District No. 87 Primary Registration District No. 6 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Butler County, Mo.
(b) City or town Poplar Bluff, Mo. Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Walter Mitchell 374
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 25, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 3 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Herman Mitchell

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Flora Brannan

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____

17. (a) Burial (b) Date thereof Jan 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown
18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
Rt. 6
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death conflagration of dwelling (complete)
Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1/28-40

(c) Where did injury occur? Butler Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm home

While at work? sleep (Specify type of place) (e) Means of injury Dwelling fire

23. Signature Grover W. Green (Mr. D. or other)
Address Poplar Bluff, Mo. Date signed 1/30-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1821

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 87

Primary Registration District No. 5129

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Beaver Dam
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME

Walter Mitchell

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 3 hr min

9. Birthplace Butler Co mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace R. F. D. Poplar Bluff Butler Co mo (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert A. Neathern

(b) Address Poplar Bluff Mo

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5/17/40 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Grover W Green M. D. or other Address Poplar Bluff Mo signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 17 1940