No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41181

State File No. 4574

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 4810 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4810 Brooklyn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Benjamin F. Mitchum

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Mitchum

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October (Month) 4 (Day) ~~1940~~ 1860 (Year)

8. AGE: Years 80 Months ~~2~~ 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Iron Worker

11. Industry or business Iron Worker

12. Name James Mitchum

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

14. Maiden name Martha Adcock

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

16. (a) Informant Mrs Mollie Hedrick

(b) Address 323 Brush Creek Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 30 (Day) 1940 (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Missouri

19. (a) 12/1/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 1940
year 1940 hour 11 : 15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 5, 1940, to Nov 29, 1940
that I last saw him alive on 11-29-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Endocarditis

Due to 131

Due to

Other conditions Acute Uremia
(Include pregnancy within 3 months of death)
Chronic Nephritis

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. S. Snider (M. D. or other)

Address 1215 Ralston Bldg. Date signed 11/30/40

(Licensed Embalmer's Statement on Reverse Side)

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. 267

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2999

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 41181

Local Registrar's No. 4574

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of April, 1948, before me appears Mrs. J. A. Wert, who, upon her oath, states that the original record of ~~birth~~ ~~death~~ d for Benjamin J. Mitchum ~~died~~ ~~born~~ Nov. 29, 1940, in the State of Missouri, and which was filed at Kansas City on 12-1-, 1940 should be corrected as follows:

Item No. 3a should read Benjamin L. Mitchum

Instead of Benjamin J. Mitchum

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. J. A. Wert Daughter
Relationship.

4001 Bell St.
Present Address.

K. C. Mo.

Subscribed and sworn to before me this 17th day of April, 1948

My Commission expires Oct. 21. 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-41181

1940