

FEB 25 1941
Registration District No. 1677

Primary Registration District No. 4403 5901 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Reel
(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 (Specify whether

In this community _____ years, months or days)

3. (a) PRENT FULL NAME Robert S. Mitchell

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

4. Sex mu 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov. 10, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Went
13. Birthplace Know 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Went Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Parkith

(b) Address Reel mo

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Jan 21, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Reel Cem

18. (a) Signature of funeral director Fuller

(b) Address Reel mo

19. (a) Jan. 21, 1941 (b) Jan. 7, 1941
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Reel Route 2
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18,
year 1941 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 17
_____, 1941, to Jan 18, 1941;
that I last saw him alive on Jan 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration _____

Due to infirmitates of old age
Due to _____

Other conditions g.i.c
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? 6/10

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

23. Signature J. C. Tucker (M. D. or other) _____
Address St. James, Mo. Date signed 1-21-41

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

RECEIVED

District Health Officer No 5,

District File Number 241197

Date Filed _____

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 mm

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed S. P. Murrell

Licensed Embalmer No. 33297

P. O. Address Roller 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.