

FILED MAR 14 1941
Registration District No. **279**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Trinity Hospital** **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)
 In this community **3 Years**

3. (a) PRINT FULL NAME **Miss Lucy Mitchell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single 0**

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

7. Birth date of deceased **December 23 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	1	16	hr. min.

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

10. Usual occupation **Post Mistress**

11. Industry or business **Post-Office Mo. City 32 Yrs.**

12. Name **Andrew A. Mitchell**

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

14. Maiden name **Mary Ellen Bratton**

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

16. (a) Informant **Mrs. Don Pearson**

(b) Address **6018 Brookside Blvd.**

17. (a) **Burial** (b) Date thereof **Feb. 10, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri City, Missouri!**

18. (a) Signature of funeral director **D. F. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2/10/41** (b) **M. B. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
 (d) Street No. **6018 Brookside Blvd.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8**
year **1941** hour **4** minute **30** A.M. M.

21. I hereby certify that I attended the deceased from **6/1 1938** to **2/8 1941**
that I last saw her alive on **2/8 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. myocarditis** **2 yrs**
Duration

Due to _____ **186**
Due to _____ **186**

Other conditions **Fracture left hip 15 day**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations
 Of autopsy
 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) **Contributory! 23**

(b) Date of occurrence **2/7/41**

(c) Where did injury occur? **6018 Brookside K.C. Mo**
(City or town) (County) (State)

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

23. Signature **J. Pearson** **30**
(Specify type of place) (e) Means of injury **Tripped on drug**
Address **907 Reatta Bldg** Date signed **2/9/41**

11-12-1-3

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *K.C. 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, fact should be so stated above.