

MAR 14 1941
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 67

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution 907 Broadway
(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 John Roscoe Mitchell

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 12 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business Supreme Court Bldg.

12. Name Chas. Mitchell

13. Birthplace 1 Ark. (City, town, or county) (State or foreign country)

14. Maiden name Angeline Musick

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

16. (a) Informant Mrs. Martha Mitchell

(b) Address 907 Broadway

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

(c) Place: burial or cremation Union Cemetery, Elroy

18. (a) Signature of funeral director Anna Terrell

(b) Address 200 Jefferson
19. (a) 2-28-41 (b) D. W. Bedford MD (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5 (If outside city or town limits, write "RURAL")
(d) Street No. 907 Broadway 4 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1941 hour minute 2:30 P. M.

21. I hereby certify that I attended the deceased from Jan 24 1941 to Feb 26 1941; that I last saw him alive on Feb 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Papanicolaou Smears + Biopsy

Due to unknown

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Of autopsy none

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 Jas. A. Hill MD (M. D. or other) Address Jefferson City Mo Date signed 2/28/41

Duration 6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46

APR 10 1958

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 *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6737
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Primary Registration District No. 3014 Registered No.
 (c) City Jefferson City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Roseae Mitchell

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>8</u>	<u>14</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1941

22. I HEREBY CERTIFY, That I attended deceased from

to, 19... Death is said to have occurred on the date stated above, at... m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas
with stomach
Don't know
Probably Pancreas,
Carcinoma

Date of onset

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify (Signed) M. D.
 (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

(initials) Jefferson City Mo

