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

MAR 20 1941
Registration District No. **254**

Primary Registration District No. **5358**

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Marion Twp
(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 63 Yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Newton Mitchell
3. (b) If veteran, name war X **3. (c) Social Security No.** X

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married, divorced** widowed
6. (b) Name of husband or wife Art Mitchell (Deceased) **6. (c) Age of husband or wife if alive** X years
7. Birth date of deceased Sept 12 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 28
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Kenneth Newton
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Louella Boling
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Reinhold Messow
(b) Address Jameson Mo R.F.D #

17. (a) Burial Civilbend Cemetery
(Burial, cremation, or removal) **(b) Date thereof** 2 12 41
(Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director G. S. Gromer
(b) Address Pattonsburg Mo

19. (a) Feb 11-41 **(b) G. S. Gromer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jameson R.F.D # I
(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 10
year 1941 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 17 1940 to Feb 10 1941
that I last saw her alive on July 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Paranoma of Uterus
Duration 12 Months

Due to _____
Due to _____
Other conditions _____
(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? g a d

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

23. Signature J. G. Graham (M. D. or other) 2/17/41
Address Jameson Mo **Date signed** _____

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.....^{is}.....

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

Signed *E. S. Brown*.....

Licensed Embalmer No. 2857.....

P. O. Address Pattonsburg, 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.