

No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10295

State File No.

APR 10 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution Atwood Hospital
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lorena Rebecca Mitchell

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

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

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

7. Birth date of deceased 12-19-1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Geo. W. Hubbell

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

14. Maiden name Frances E. Baker

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

16. (a) Informant Wm H. Mitchell

(b) Address Quincy Mo.

17. (a) Burial (b) Date thereof 3-26-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cem.

18. (a) Signature of funeral director Stanley (b) Address Carrollton Mo.

19. (a) 3-25-1941 (b) John Naskie (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural Ridge
(d) Street No. _____ (If rural, give location) 170
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1941 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from 3-14-41 to 3-24 1941 that I last saw her alive on 3-23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 5 days

Due to _____

Due to _____

Other conditions Diabetes Mellitus 2 (Include pregnancy within 3 months of death)

Major findings: Chronic Nephritis

Of operations _____

Of autopsy _____

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? 130 (Specify type of place) _____

23. Signature William S. Dewood (M. D. or other) D Address Carrollton Mo. Date signed 3/24/41

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

RECEIVED
District Health Officer No. 8,
District File Number 17-8-41
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 _____

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

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Md.

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.