

FILED MAY 14 1941

STANDARD CERTIFICATE OF DEATH

State File No.

14368

Registration District No. 237Primary Registration District No. 4144

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Center, Twso.
 (b) City or town Greenfield, Mo.
 (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 For life.
 (Specify whether years, months or days)

3. (a) PRINT FULLNAME Mary Belle Mitchell3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Female/ 5. Color or race Wh. 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife Husband (c) Age of husband or wife if
Jas. M. Mitchell alive 75 years
 7. Birth date of deceased July, 11, 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 5 hr. min.

9. Birthplace So. Greenfield, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation House Keeping

11. Industry or business

MOTHER FATHER
 { 12. Name Alexander Foster
 13. Birthplace McMenville, Tennessee.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Louisa Cardwell
 15. Birthplace Tennessee.
 (City, town, or county) (State or foreign country)

16. (a) Informant Jas. M. Mitchell.(b) Address Greenfield, Mo.17. (a) Burial (b) Date thereof Mar. 17, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Grove Cem.18. (a) Signature of funeral director J. W. Ward(b) Address Greenfield, Mo.19. (a) 3-20-1941 (b) Geo. C. Neir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
 (c) City or town Greenfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941 hour 1 minute 30 A. M.21. I hereby certify that I attended the deceased from March
12 1941 to Mar. 16 1941
that I last saw her alive on Mar. 15 1941
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Duration
AsthmiaDue to R. and Left Hemiplegia.
(Paralysis)Due to
Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 95c
Of autopsy None 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?
 (Specify type of place) (e) Means of injury

23. Signature J. D. Driskel (M. D. or other) 0
Address Greenfield, Mo. Date signed 3/20/41

95122

RECEIVED
District Health Officer No. 6
District File Number 541-780
Date Filed MAY 13 1949

OCT 22 1947

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, N.H.

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.