No. 2
1-13-40
17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25857

AUG 9 1941

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wk. 1 da. (Specify whether years, months or days)

In this community: ENTIRE LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: PIKE

(c) City or town: LOUISIANA (If outside city or town limits, write "RURAL")

(d) Street No.: 311 N. 6th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

82
3
1

3. (a) PRINT FULL NAME: James Note Mitchell

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: STELLA MITCHELL

6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: Oct. (Month) 30 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	1	hr. min.

9. Birthplace: LOUISIANA (City, town, or county) MO (State or foreign country)

10. Usual occupation: STONE ENGRAVER

11. Industry or business: MONUMENT DEALER

FATHER
12. Name: Wm. H. Mitchell
13. Birthplace: Lynchburg (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name: Sarah Ann James
15. Birthplace: Pike (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: J. Note Mitchell Jr.

(b) Address: 311 North 6th St. Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/1-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Cem

18. (a) Signature of funeral director: Harper & Sturm

(b) Address: 106 N. 3rd Louisiana Mo

19. (a) 7/31/41 (Date received local registrar) (b) B C Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 1941 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10/8/40, 19..., to 7/31/41, 19...; that I last saw him alive on 7/31/41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of prostate	
Due to:	
Due to: 518	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: Carcinoma of prostate	
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): none

(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)

While at work? no (e) Means of injury: --

23. Signature: [illegible] (M. D. or other)

Address: Louisiana, Mo Date signed 8/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1438
Date Filed AUG 6 1941

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 Harold V. Hamm, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold V. Hamm

Licensed Embalmer No. 8720

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.