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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39077

State File No.

Registration District No. 176

Primary Registration District No. 4402

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Newburg Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clyde Avery Mitchell

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased June 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 9 hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER

12. Name Clyde Mitchell

13. Birthplace Phelps County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eva Lee Barnett

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

16. (a) Informant Clyde Mitchell

(b) Address Newburg

17. (a) Newburg (b) Date thereof 10/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo.

19. (a) 10/10/41 (b) Lee Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

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

(d) Street No.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 28, 1941, to Oct 7, 1941, that I last saw him alive on 9:00 AM Oct 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess

and also pneumonia

Due to acute meningitis

Due to There was also chronic

degenerative and broncho

Other conditions pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations 27c

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?

While at work? (Specify type of place)

(e) Means of injury 2

23. Signature Richard E. Meyer (M. D. or other) RD

Date signed.

Duration two weeks

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.