

Registration District No. 399

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
324 1/2 North
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 1/2 yrs. 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Dorah Ella Mitchell

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Thomas J. Mitchell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 19 1977
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Lohr

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

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Mitchell

(b) Address 4629 Tracy

17. (a) Removal (b) Date thereof Dec-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulsa Okla

18. (a) Signature of funeral director Wm E R Foster
(b) Address 918 Broadway P.C. Mo
12/20/41
19. (a) (Date received local registrar) (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Marion 14
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1941 hour 10 minute 5-P M.

21. I hereby certify that I attended the deceased from July 1, 1938, to Dec 18, 1941, that I last saw her alive on Dec 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration 2 1/2 yrs.

Due to Chronic coronary occlusion 2 1/2 yrs.

Due to Arteriosclerosis 3 years

Other conditions _____ (Include pregnancy within 3 months of death) 999

Duration

2 1/2 yrs.

2 1/2 yrs.

3 years

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? _____

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

23. Signature John F. Caldwell (M. D. or other) MD
Address Kansas City, Mo. Date signed 12/18/41

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

MOTHER FATHER

OCT 23 1942

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2570

P. O. Address R. C. M.

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.