

FILED MAY 20 1942  
Registration District No. 723

Primary Registration District No. 3006-5118

Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution: %(H 509 HIGH ST /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX 25 Years (Specify whether years, months or days)

In this community XX 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LAVINIA ISABELLE MITCHELL

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEORGE S. MITCHELL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOV 25th 1856  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>10</u>	hr. _____ min.

9. Birthplace WAVERLY ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name EDOM MEACHAM

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

14. Maiden name MARGARET MC CORMICK

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

16. (a) Informant LAVINIA KING

(b) Address 509 HIGH ST COLUMBIA

17. (a) BURIAL (b) Date thereof APRIL 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBIA CEMETARY

18. (a) Signature of funeral director A. W. Willett

(b) Address COLUMBIA MO

19. (a) 4-6-42 (b) E. H. Barbee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE / 0

(c) City or town COLUMBIA 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 509 HIGH ST 4  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0  
If yes name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5th  
year 1942 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from April 1 - 1942 to April 5 1942  
that I last saw her alive on April 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocarditis chronic</u>	<u>3</u>
Due to <u>Arterio-sclerosis</u>	<u>?</u>
Due to _____	_____

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 0

23. Signature Frank E. Pedamore (M. D. or other) MO

Address Columbia Mo Date signed \_\_\_\_\_

*Handwritten notes and scribbles at the top left of the page.*

**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, ~~on~~ 4/5/1942

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

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

**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.