

No. 2  
5-17-37  
X22484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34975

State File No. ....

Registrar's No. 26

FILED NOV 13 1942

Registration District No. 275

Primary Registration District No. 4479

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

1. PLACE OF DEATH:

(a) County Schuyler  
 (b) City or town Queen City mo/w  
 (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 \_\_\_\_\_  
 In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler  
 (c) City or town Queen City mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bert Donald 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. 1

6. (b) Name of husband or wife Bearle Moore Mitchell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Oct 16 1876  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Glenwood mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Construction

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

12. Name Charles Wm Mitchell

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

14. Maiden name Lillian Jane Mathews

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

16. (a) Informant Bearle Moore Mitchell

(b) Address Queen City mo

17. (a) Burial (b) Date thereof Sept 30 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Loyd Moore

(b) Address 10 Downing mo

19. (a) Oct 1, 1942 (b) W. P. Jushel  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 42 hour 4 minute 30 P.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Sept 28 1942  
 that I last saw alive on Sept 28 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer

Due to Sarcinoma of Prostate

Due to \_\_\_\_\_

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

Major findings: Of operations SIL

Of autopsy \_\_\_\_\_

Duration 7 months  
7 months

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 O. P. Shaw (M. D. or other) \_\_\_\_\_

Address Queen City mo Date signed Sept 29

1234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 11-42-2033  
Date Filed NOV - 9 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 Lloyd Moore

Licensed Embalmer No. 315-1

P. O. Address Doubling N.

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34975  
Registrar's No. 26

Registration District No. 325 Primary Registration District No. 4479

1. PLACE OF DEATH:  
(a) County Schuyler  
(b) City or town Queens City  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Bert D. 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 Married  
(b) Name of husband or wife Charles Moon Mitchell 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased: Oct 16 1906  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 20 (If less than one day, hr. min.)

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept year 1942 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from..... 19.....; that I saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)

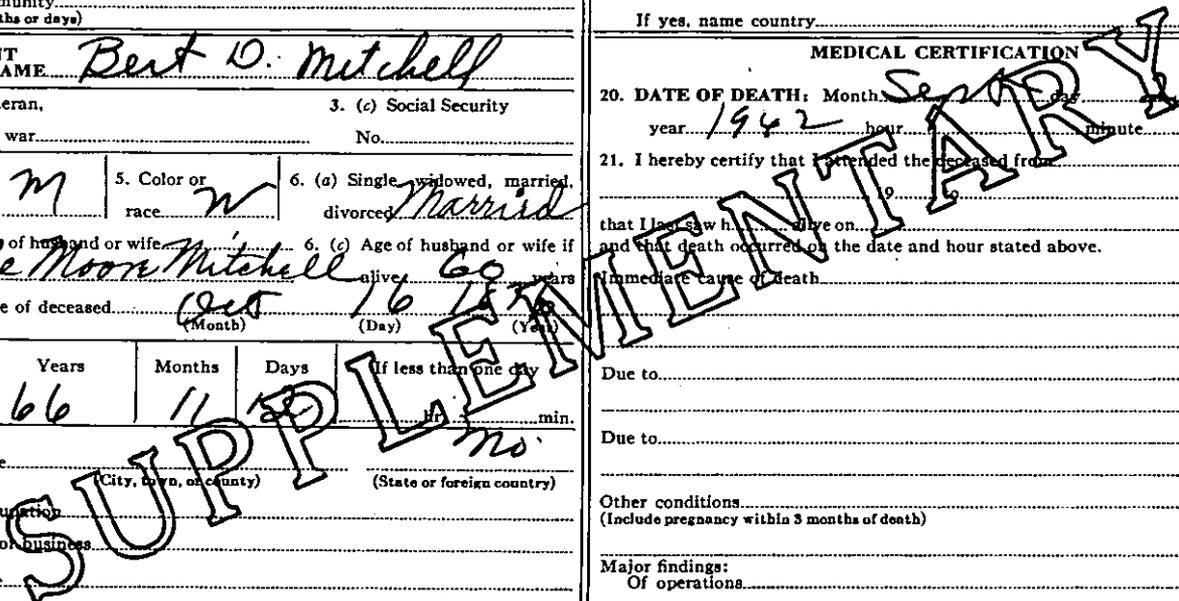
Major findings:  
Of operations.....  
Of autopsy.....

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.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

Duration.....  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.



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

MOTHER FATHER

1942

S-34975