

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7063**
Registrar's No. _____

LED MAR 11 1943

Registration District No. **228**

Primary Registration District No. **5809**

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

1. PLACE OF DEATH:

(a) County **Montgomery**

(b) City or town **Rural Boonville Mo**
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community **35 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **70**

(a) State **Missouri** (b) County **Montgomery**

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

(d) Street No. **2 miles South of High Hill Mo**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Saniford N. 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 **Married**

6. (b) Name of husband or wife **Sarah C. Mitchell** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **June 25 th 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	8	3	hr. _____ min.

9. Birthplace **Montgomery Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Mitchell**

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

14. Maiden name **Amanda Mitchell**

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

16. (a) Informant **Paul A. Mitchell**

(b) Address **Indianapolis Ind**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-2-43** (Month) (Day) (Year)

(c) Place: burial or cremation **High Point Cem**

18. (a) Signature of funeral director **C. W. Hopkins**

(b) Address **Montgomery City Mo**

19. (a) **March 1-43** (Date received local registrar) (b) **Lillie Bellue** (Regist. signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **28** year **1943** hour **10** minute _____ P.M.

21. I hereby certify that I attended the deceased from **FEB 18** 1943 to **FEB 28** 1943; that I last saw h. **alive** on **FEB 28** 1943; and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HAEMORRHAGE** **2-18-43**
ACUTE MYOCARDITIS **2-25-43**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **932!**

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)

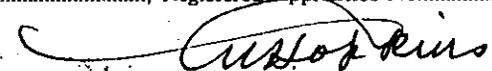
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **James O. Helm** (M. D. or other) **3-1-43**
Address **New Florence Mo.** Date signed

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 on the 28
day of Feb 1943....., Registered Apprentice No.....
working under my personal supervision.

Signed..... .....
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.