

FILED APR 23 1943

Registration District No. 55

Primary Registration District No. 5186 5196

Registrar's No.

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Ridge Top
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W.M. Mitchell Home / Baswell, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 17
(c) City or town _____ (If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Maxine Mitchell

3. (b) If veteran, name war Wood 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 1943
(Month) (Day) (Year)

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

9. Birthplace Carroll Co. (City, town, or county) (State or foreign country)

10. Usual occupation Wood

11. Industry or business _____

12. Name Alan Mitchell

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

14. Maiden name Doris Lily Brammer

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

16. (a) Informant Alan Mitchell

(b) Address Baswell, Missouri

17. (a) Burial (b) Date thereof Mar 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Times, Missouri

19. (a) April 2, 1943 (b) Ruth Perry Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,

that I last saw her alive on March 21st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Enteric-bronchial hemorrhage Duration 2 days

Due to Brain Injury

Due to _____

Other conditions (Include pregnancy within 3 months of death) 160C

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 Dr. Everett L. Smith (M. D. or other) P.O.
Address 41 So Main, Carrollton, Mo. Date signed 3/24/43

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

17
00

1053

RECEIVED

District Health Officer No. 8,

Set File Number _____
Date Filed 4-19-43

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. 5 working under my personal supervision.

Signed Clifford W. Austin
Licensed Embalmer No. 3232
P. O. Address Tenn, Missouri

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.

11/19/43 Jem. Hall