

FILED AUG 5 1943 280

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community no
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Claud John Mitchell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Florence Holland

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Sept. 27 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 17
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John C. Mitchell

{ 13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Laura J. Varner

{ 15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Mitchell

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof July 17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) 7-17-43 (b) Mrs. Clay Kiffes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 21 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12 1943 to July 14 1943
that I last saw him alive on July 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 3 days

Due to arteriosclerosis

Due to _____

Other conditions 3a
(Include pregnancy within 3 months of death)

Major findings: 3a

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) none

(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) (c) Means of injury

23. Signature R. J. Pelley (M.D. or other) DO
Weston, Mo. Date signed 7/17/43

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

RECEIVED

District Health Officer No. Platte

District File Number 8-43-73

Date Filed 8-3-43

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.....
working under my personal supervision.

Signed W. P. Dargatzis

Licensed Embalmer No. 4023

P. O. Address Weston, 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.