

SEP 7 1943

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3690

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8/18 to 8/21  
(Specify whether  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM E. MITCHELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ardelia Mitchell 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased October 28, 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Swift's Packing House

MOTHER FATHER { 12. Name James Mitchell  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mollie Magnus  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ardelia Mitchell

(b) Address 1303 East 12th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

(b) Address 1729 Lydia Avenue

19. (a) Aug 26 1943 (Date received local registrar) (b) J. E. Brown Reg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1303 East 12th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 21 day Saturday  
year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 8-18  
1943 to 8-21, 1943  
that I last saw him alive on 8-21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Intestinal Hemorrhage  
Due to acute diffuse Hemorrhagic colitis 3 days  
Due to Hemolytic Jaundice  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death could be charged statistically.

Major findings: Of operations 7302  
Of autopsy Jaundice & Hemorrhage of Throat Colon.

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 Lou M. Tellman (M. D. or other) M.D.  
Address 1618 Lydia Date signed 8/24/43

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

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**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.....  
.....  
working under my personal supervision.

Signed..... *J. J. Manslow* .....  
Registered Apprentice No.....  
Licensed Embalmer No. *3994* .....  
P. O. Address *2583 Highland* .....

**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.**