

FILED MAY 3 1944

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jess W. 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 Matilda Mitchell 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 9th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 17 hr. min.

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

10. Usual occupation Retired
11. Industry or business Transfer Trucks

12. Name James Mitchell
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name America Wodard
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Matilda Mitchell

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof April 28th / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Keller

(b) Address Boonville, Mo.

19. (a) April 28, 44 (b) Dr Chas Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 408 1/2 Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1944 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 26
1944 to April 26 1944
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 Min

Due to arteriosclerosis 6 yrs

Due to _____

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

Major findings: 94a PHYSICIAN
Of operations _____
Of autopsy _____
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 A. B. Carter (M. D. or other) _____
Address Boonville Mo Date signed 4/29/44

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

RECEIVED

Health Officer No. 8,

Case File Number

to Filed

5-2-44

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.....

J. W. Goodman

Licensed Embalmer No.....

1178

P. O. Address.....

Beersville, 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.