

FILED JUN 8 1944

Registration District No.

Primary Registration District No. 4155

Registrar's No. 34

1. PLACE OF DEATH

(a) County Hazle
(b) City or town Quenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cr. Springfield & Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community about 2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hazle
(c) City or town Quenton
(If outside city or town limits, write "RURAL")
(d) Street No. Springfield & Main St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Aaron I. Mitchell

3. (b) If veteran, name war

no

3. (c) Social Security No.

1488706

4. Sex m.

5. Color or race w

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Aug.

(Month)

27

(Day) (Year) 1857

8. AGE:

Years 86

Months 8

Days 12

If less than one day hr. - min. -

9. Birthplace

Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired 15 yrs

11. Industry or business

R.R. Car Carpenter

12. Name

W. Mitchell

13. Birthplace

Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Hannah Bullinger

15. Birthplace

Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs R.R. Wommash

(b) Address

Quenton Missouri

17. (a) (Burial, cremation, or removal)

Burial

(b) Date thereof

May 16 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Green Lake

18. (a) Signature of funeral director

Springfield Co.

(b) Address

Springfield Md

19. (a) (Date received local registrar)

May 9/44

(Registrar's signature) Phyllis Lack

20. DATE OF DEATH: Month

9 day

year 1944

hour

9

minute

3 A.M.

21. I hereby certify that I attended the deceased from

May 1st 1944 to May 9 1944

that I last saw him alive on May 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Bronchitis & Old Age
Due to Brachial of lung
Due to Stony

Duration

Other conditions

(Include pregnancy within 3 months of death)

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) 0

(b) Date of occurrence 0

(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)

(b) Means of injury

23. Signature H.R. Riley

(M. D. or other)

Address Quenton mo

Date signed 5-9-44

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

RECEIVED

District Health Officer No. 6,

District File Number 644-684

Date Filed JUN 6 1944

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

Roy A. Lawrie

Licensed Embalmer No. 1763

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.