S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12389

FILED MAY 3 1945

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 1863

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: 6018 BROOKSIDE BLVD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 49

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

(d) Street No. 6018 BROOKSIDE BLVD
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Miss ADDIE MITCHELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased DEC (Month) 31ST (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	3	24	hr. min.

9. Birthplace MISSOURI CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation

11. Industry or business AT HOME

FATHER
12. Name ANDREW ADAMS MITCHELL
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name MARY ELLEN BRATTON
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Mrs Don Pearson

(b) Address 6018 Brookside

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-45 April 29 45 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City Mo

18. (a) Signature of funeral director O. H. Newcomers Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25TH year 1945 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from Jan 2, 1943 to 4/24, 1945 that I last saw her alive on 4/24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Fractured l. hip	3 mo

Major findings:
Of operations ✓
Of autopsy ✓

1866.5
18

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) accident

(b) Date of occurrence 3 months ago

(c) Where did injury occur? K. C. Jackson, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature J. Pearson (M. D. or other) MD

Address 907 Rialto Bldg Date signed 4/25/45

(Licensed Embalmer's Statement on Reverse Side)

Opialto Bldg.

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.