

St. No. 2
1-9-441
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4753**

FILED FEB 19 1946

Registration District No. **43**

Primary Registration District No. **5142**

Registrar's No. **41**

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

1. PLACE OF DEATH:
 (a) County **Butler**
 (b) City or town **rural Neely Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 miles S. of Neelyville
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Butler** **12**
 (c) City or town **rural Neely Twp.** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **W. GENEVIVE AVE NYS** **0**
(If rural, give location)
 (e) Citizen of foreign country? **(Yes or No)**
 If yes, name country _____

3. (a) PRINT FULL NAME **George Washington Mitchener**
 (b) Veteran, (c) Social Security
 name war: **1** No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **6**
 year **1946** hour **7** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **Feb 2**
 19**46**, to **Feb 6**, 19**46**
 that I last saw him alive on **Feb 5**
 and that death occurred on the date and hour stated above.

4. Sex **male** Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Julia Mae Mitchener**
 6. (c) Age of husband or wife if alive **54** years
 7. Birth date of deceased **June 20 1863**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of jaw**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	82	7	16	hr. _____ min. _____

9. Birthplace **Graves Co. Ky**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **53**
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Farmer**
 11. Industry or business _____
 12. Name **Wa B. Mitchener**
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary J. Blackman**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs. Julia Mitchner**
 (b) Address **Neelyville, Mo.**
 17. (a) **Burial** (b) Date thereof **2/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Marble Hill**
 18. (a) Signature of funeral director **Minnie Gish**
 (b) Address **Naylor, Mo.**
 19. (a) **2-9-46** (b) **PH Mitchner**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature **J J J arm** (M. D. or other) **11**
 Address **Neelyville MO** Date signed **Feb 8 1946**

RECEIVED

District Health Office No. 2,

District File Number 246-234

Date Filed 3-13-46

Handwritten initials and scribbles

MAR 4 1946

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 Bryan McCord
Licensed Embalmer No. 7079
P. O. Address York

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.