

FILED APR 11 1946
Registration District No. **276**

Primary Registration District No. **5945**

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Bloomington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah A Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased mv - 19 - 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business _____

12. Name Merion Edmonson

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Clont Rivers

15. Birthplace 11 1 9
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Mitchell

(b) Address Mountain View mo

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

(b) Date thereof 4-2-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Rosebery Cem

18. (a) Signature of funeral director Chas E. ...

(b) Address ...

19. (a) April 6, 46
(Date received local registrar)

(b) Chas E. Birmingham
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo

(b) County Phelps &

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1946 hour 9 minute 30 am

21. I hereby certify that I attended the deceased from mar. 29
1946 to mar 31 19 46
that I last saw h. er alive on mar 31 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy **Duration 2 days**

Due to Hypertension **10 yr**

Due to Atherosclerosis **5**

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 830

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 [Signature] (M. D. or other)

Address [Signature] Date signed Apr 3, 46

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.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Orville E. Licklider*

Licensed Embalmer No. *3546*

P. O. Address..... *St. James m*

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.