S. No. 2
OM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 9540

Registrar's No. 77

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution: 2 Weeks (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 916 South Hocker 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: RONALD VERN MITCHELL
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ----------

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: INfant 0
6. (b) Name of husband or wife: ----------
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: MAY (Month) 20, (Day) 1946 (Year)

8. AGE: Years 0 | Months 8 | Days 23 | If less than one day: hr. min.

9. Birthplace: Independence, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: ----------
11. Industry or business: ----------

MOTHER FATHER
12. Name: Paul M. Mitchell 0
13. Birthplace: Bethany, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Daisy F. Willoughby
15. Birthplace: Vernon, (City, town, or county) Colorado / (State or foreign country)

16. (a) Informant: Mr. Paul M. Mitchell
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/15/47. (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cemetery
18. (a) Signature of funeral director: Roland A. Speaks
(b) Address: Independence, Missouri
19. (a) 2-26-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1947 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to: Gastro-enteritis
Due to: Idiopathic
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: N.P.
Of autopsy: See above

Duration

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):
(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: Means of injury: 0
23. Signature: A. E. Upker (M. D.)
Address: 2800 Main Date: 2/14/47

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(Licensed Embalmer's Statement on Reverse Side)

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep, 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.