

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12122**
Registrar's No. **69**

Registration District No. **341**
Primary Registration District No. **3075**

1. PLACE OF DEATH:
(a) County **Stoddard**
(b) City or town **Dexter**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 **James Francis Mitchell**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Della Nancy Mitchell**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Aug. 8, 1878**
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **18**
If less than one day _____ hr. _____ min.

9. Birthplace **Mercer Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Lumber Co.**

MOTHER FATHER
12. Name **Alexander Mitchell**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Della N. Mitchell**
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **3. 28. 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pleasant Valley,**

18. (a) Signature of funeral director **Watkins Funeral Ser.**
(b) Address **Dexter, Mo.**

19. (a) **4/2-1947** (b) **Margaret Pruitt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Dexter**
(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 **March** day **26**
year **1947** hour **3** minute **17 A.M.**

21. I hereby certify that I attended the deceased from
March 12, 1947 to **March 26, 1947**
that I last saw him alive on **March 25, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**
hypertension
Duration **17 hr.**

Due to _____
Due to _____

Other conditions **Chronic leukemia**
(Include pregnancy within 3 months of death) **myeloid**

Major findings:
Of operations _____
Of autopsy **no 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) **no**
(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 **0**

23. Signature **S.S. Davis** (M.D. or other) _____
Address **Dexter Mo** Date signed **3-27-47**

367

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1948

RECEIVED
District Health Office No. 2,
District File Number 447-511
Date filed 4-8-47

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 *Ryszard Steele*
Licensed Embalmer No. *2476*
P. O. Address *Wester 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.