S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
Medical Office of Vital Statistics

FILED AUG 6 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24562

Registration District No. 1

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Parsons 14
(If outside city or town limits, write "RURAL")

(d) Street No. 220 N. 30th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Perry Don Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 7, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 15 hr. 35 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Donald J. Mitchell
13. Birthplace Craig County, Oklahoma (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Eslick
15. Birthplace Sedan, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Donald J. Mitchell
(b) Address 220 N. 30th, Parson, Kans.

17. (a) Removel (Burial, cremation, or removal) (b) Date thereof 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parson, Kansas

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 6-13-47 (Date received local registrar) (b) Delbert Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from June 7, 1947 10:00AM 19 to June 8 1:35AM that I last saw him alive on June 8 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis	15'35"
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 161 A	

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature L R Morgan or other DO

Address 521-W 4 Joplin Date signed 6/7/42

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-1-606

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.