

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

38664

State File No.

FILED DEC 9 1947
Registration District No. 266

Primary Registration District No. 2001

Registrar's No.

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: 427 Cunningham
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 427 Cunningham
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 5. Color of race W.

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

6. (b) Name of husband or wife Cornelia

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

7. Birth date of deceased October 7, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	20	hr. min.

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

10. Usual occupation Police Judge

11. Industry or business

12. Name James Mitchell

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

14. Maiden name Mary Baldriak

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

16. (a) Informant Mrs. Cornelia Mitchell

(b) Address 427 Cunningham, Joplin, MO

17. (a) Burial (b) Date thereof 10-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 11-4-47 (b) Delores Lampkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 15
1947 to Oct 27 1947;
that I last saw him alive on Oct 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 3 days

Due to Chronic Nephritis several years

Due to

Other conditions Gr. rt. ileum 7 days
(Include pregnancy within 3 months of death)

Major findings: 146 P¹²

Of operations

Of autopsy 146 P¹²

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) To sue to fall (injury)

(b) Date of occurrence Oct 20 - 1947

(c) Where did injury occur? Joplin Jasper MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? going to work (Specify type of place) fell out of car

(e) Means of injury

23. Signature Ernest Mitchell (M. D. or other M.D.)
Address Joplin MO Date signed 10-29-47

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

MOTHER FATHER

FEB 24 1948

Robert Lee Mitchell drove his car to the city hall in Joplin, Mo., and parked it in his parking place, removed the car keys, got out of the car, started to his office Traffic Authority (or Police) of State or City and fell in the alley at the rear of his car. He was taken home. Kendrick Lloyd, Chief of Police later to hospital had broken leg. Joplin, Mo.
 in hospital 4 days. STATE BUREAU OF VITAL STATISTICS
 and died at home.
 (Use to check returns from State Traffic Authority)

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.