

S-4022
-12-45
5-17-39
PI X47070

FILED JAN 15 1948

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 729 26. Sycamore St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Samuel Einton Mitchem

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Billie A. Keas Mitchem 6. (c) Age of husband or wife if 1 years

7. Birth date of deceased Apr. 23 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 19 hr. min.

9. Birthplace Springfield, Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Retail

11. Industry or business James A. Mitchem

12. Name Unknown

13. Birthplace Fennima? 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. Erly P. Davis

(b) Address Chelant, Washington

17. (a) Burial, cremation, or removal Burial (b) Date thereof Dec. 14 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Newton, Burial park

18. (a) Signature of funeral director Ellen S. Davis

(b) Address Nevada, Mo.

19. (a) 1-6-48 (b) Walsh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 1:45 minute 4 A.M.

21. I hereby certify that I attended the deceased from Jan 3 1947 to Dec. 12 1947
that I last saw him alive on Dec 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Advanced age

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature W. B. Love MD (M. D. or other)

Address Nevada, Mo Date signed 12/12/47

Duration since Jan 1947

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2096
Date Filed 1-14-48

MAY 11 1958

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..... Allen V. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada 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.