

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 99
Registrar's No. 3

Registration District No. 5 Primary Registration District No. 5071

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Nashville
(c) Name of hospital or institution: 7 mile north west Jasper, Mo.
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(c) City or town Rural
(d) Street No. 7 mile north west Jasper, Mo.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ollie May Mitchel
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 7th. year 1948 hour 5 minute A M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Mitchel
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan. 12th. 1881

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: Coronary Thrombosis

8. AGE: Years 66 Months 11 Days 25

Due to _____
Due to _____
Other conditions: _____
Major findings: Of operations: 94A

9. Birthplace Ralls County Missouri
10. Usual occupation Housekeeping

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business Same
12. Name James Brown
13. Birthplace Ralls Co. Missouri
14. Maiden name Susan McGrew
15. Birthplace Ralls Co. Missouri

16. (a) Informant Theodore Mitchel
(b) Address Jasper, Mo. R.R.3
17. (a) Burial (b) Date thereof 1-9-1948
(c) Place: burial or cremation Waters Cemetery
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper, Missouri
19. (a) JAN 8 - 1948 (b) Maura Korant

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? _____
(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 _____
23. Signature C. E. Duesett (M. D. or other) MD
Address Jasper, Mo. Date signed 1-7-48

(Licensed Embalmer's Statement on Reverse Side) Crown Barton Co. Mo.

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

6
0
0

RECEIVED

District Health Officer No. 6.

District File Number 148-127

Date Filed JAN 29 1948

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 Howard C. Simpson
.....
Licensed Embalmer No. 4288

P. O. Address Jasper 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.