

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics  
**FILED JAN 20 1948**  
Registration District No. 189

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3632 Gillham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3632 Gillham Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME ALFRED GEORGE MITCHELL  
3. (b) If veteran, name war No  
3. (c) Social Security No. 702-05-3627

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Emma S. Mitchell  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased August 17th. 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 4 20 hr. min.

9. Birthplace St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business Wabash Railroad

12. Name James Samuel Mitchell

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

14. Maiden name Mary Ann Watson

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

16. (a) Informant Mrs. Emma S. Mitchell

(b) Address 3632 Gillham Road

17. (a) Removal (b) Date thereof 1-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Freeman Mortuary & Chapel  
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-7-48 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 7  
year 1948 hour 10:30 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug 20  
1947 to date 1948  
that I last saw him alive on Jan 6 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia  
Duration \_\_\_\_\_

Due to Sarcoma of 12th lumbar vertebra.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 55 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 3  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R M Kelley (M. D. or other) DO  
Address 3945 Main Kansas City, Mo. Date signed 1-7-48

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

MOTHER FATHER

FEB 21 1950  
FEB 13 1948

FEB 13 1948

MAY 15 1956

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 \_\_\_\_\_

Licensed Embalmer No. 2939

P. O. Address K. O. 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.

by J. Freeman