

No. 2
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 120

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5449

State File No. 19127

Registrar's No. 62

1. PLACE OF DEATH:

(a) County: Gentry - Jackson Twp.

(b) City or town: Union Star Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Farm Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Gentry

(c) City or town: Union Star Mo. R.R. - Jackson Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME: Albert Bruce Mitchell

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 5. Color or race: Cau

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Ann

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Jan 30 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	13	hr. min.

9. Birthplace: Andrew Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Same

12. Name: Robert B.

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

14. Maiden name: Alice Magdalen Thompson

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

16. (a) Informant: Mary Ann Mitchell

(b) Address: Union Star Mo. R.R. Burial

17. (a) Burial, cremation, or removal: _____ (b) Date thereof: 6-15-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Star Mo.

18. (a) Signature of funeral director: R. H. Taggart

(b) Address: King City Mo.

Date: June 18-48 (Date received local registrar)

(c) Signature: James H. Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from June 11, 1948 to June 12, 1948
that I last saw alive on June 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Duration: 12 hrs

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 9 months of death)

Major findings: _____
Of operations: _____

Of autops: _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: E. M. Reynolds (M. D. or other)

Address: Union Star Mo. Date signed: 6-15-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address. King City 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.