S. No. 300
M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26486

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2988

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: 1333 East 13th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1333 East 13th St. 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eddie Mitchell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased September 8, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
2	10	8	hr. min.

9. Birthplace Kansas City, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Bernie Campbell
13. Birthplace Memphis, Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estelle Perry
15. Birthplace Centerville, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Mitchell

(b) Address 1333 East 13th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Gaskins Bros.

(b) Address 1729 Lydia Ave.

19. (a) 7-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 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 Shock

Due to Compound Fracture of Skull

Due to Fall from Porch - 34 ft.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860 a 19

Of autopsy No - Permit

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 7-16-48 1:30

(c) Where did injury occur? K. C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 1333 - E - 13th
(Specify type of place)

While at work? (e) Means of injury Skull Fracture

23. Signature [illegible] (M. D. or other)

Address 2636 Brooklyn Date signed 7-20-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.