

9
5

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Greenfield, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life Long
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dade

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

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

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

3. (a) PRINT FULL NAME James Madison Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ora Mitchell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 5 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>9</u>	hr. _____ min. <u>0</u>

9. Birthplace Dade, Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Martin L. Mitchell

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

14. Maiden name Sarah Boland

15. Birthplace Dade Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora Mitchell

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 12/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro Cemetery

18. (a) Signature of funeral director W.F. Allison

(b) Address Greenfield, Mo

19. (a) 12-15-48 (b) Geo. B. G. [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1948 hour _____ minute 6 A.M.

21. I hereby certify that I attended the deceased from 2-5-49 to 12-14-48, 1948
that I last saw ~~him~~ her alive on 12-14-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Arteriosclerosis

Other conditions Mitral Stenosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy A2B

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) _____

(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 0

23. Signature T. D. Corbo (M. D. or other) _____
Address Rockwood Mo Date signed 12-15-48

RECEIVED

District Health Officer No. 6,

District File Number 1248-1391

Date Filed 12-30-48

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.....

George W. Newcomb, Registered Apprentice No. 30
working under my personal supervision.

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Md

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.