

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1354  
Registrar's No. 145

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 145	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 44 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4847 CAMPBELL STREET				d. STREET ADDRESS (If rural, give location) 4843 CAMPBELL STREET			
3. NAME OF DECEASED (Type or Print) THEODORE THOMAS MITCHELL			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN-10-1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT-10-1875	
9. AGE (in years last birthday) 73 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 2 YEARS		10b. KIND OF BUSINESS OR INDUSTRY BROKER		11. BIRTHPLACE (State or foreign country) CORNWALL, ENGLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN MITCHELL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY FRANCES MITCHELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-09-6233		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. MARY FRANCES BLEIL 4843 CAMPBELL STREET KANSAS CITY, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute stroke DUE TO (c) 450:0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 7 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 2			
22. I hereby certify that I attended the deceased from Sept 1, 1948, to Jan 10, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 8:25 A.M., from the causes and on the date stated above.							
23a. SIGNATURE S. S. SUKOWSKI (Degree or title) S. S. Sukowski Do				23b. ADDRESS 1601 Belmont		23c. DATE SIGNED 1-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-12-1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-12-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcomer's Sons 1401 BRUSH CREEK BLVD. KANSAS CITY, MO.			

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Edward M. Storey*

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address. *K.C. 4 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.