No. 300
10.48

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33627

BIRTH NO. 58440-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4195

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3316 Denver

588
350

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle):
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 28 1950

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: AUGUST 27 1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 10 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: PHILLIP MITCHELL
13b. MOTHER'S MAIDEN NAME: MAGNOLIA GREEN
14. NAME OF HUSBAND OR WIFE: --

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MAGNOLIA MITCHELL 3316 Denver

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY (2 lbs 10 oz)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 776A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-27, 1950, *to* 8-28, 1950, *that I last saw the deceased alive on* 8-28, 1950, *and that death occurred at* 3:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis MD (Degree or title)
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 10-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-50
24c. NAME OF CEMETERY OR CREMATORY: Leeds Cemetery
24d. LOCATION (City, town, or county) (State): K C Jackson MO

DATE REC'D BY LOCAL REG.: 10-4-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible] K C MO

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, working under my personal supervision.

Student Embalmer No. .....

Signed .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3089

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.