

No. 2
-4-41
17-39
X26390

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan. Hub. Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wheatley Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 507 N. Mallard
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Mitchell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 16 - 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Lexington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER

12. Name John Dyer

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Arabella Weston

15. Birthplace Waverly, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lily Henderson

(b) Address 1203 Paseo, Liberty, Mo.

17. (a) Burial (b) Date thereof 9-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Libby Co.

18. (a) Signature of funeral director Chas. L. Anderson

(b) Address 9/25/41

19. (a) 9/25/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1941 hour 2 minute — AM.

21. I hereby certify that I attended the deceased from May 25 to Sept 25, 1941;
and that death occurred on the date and hour stated above.
that I last saw her alive on Sept 25, 1941;

Immediate cause of death Uremic
poisoning
Due to Chronic interstitial
nephritis
Due to Valvular heart
disease
Other conditions Lateral Paralysis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy no 12/1/41
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 _____

23. Signature L. V. Miller (M. D. or other) _____
Address 1203 Paseo Date signed 9/25/41

WRITE PLAINLY—USE 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

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed.....

Licensed Embalmer No. *3311*

P. O. Address *Liberty, Mo.*

Wm. Z.V. Miller 12 + Paris

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.