

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14762
Registrar's No. 158

Registration District No. 316

Primary Registration District No. 3061

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
301 High St. / (5:00 a.m. Sept 26-1947)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 301 High St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Alice Mitchell
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White / Cauc.
6. (b) Name of husband or wife Charles H. Mitchell 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov. 19 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1947 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from April 1
1947 to April 26 1947
that I last saw her alive on April 26 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Heart Disease Duration _____

8. AGE: Years Months Days If less than one day
78 5 7 hr. min.

Due to Arterio sclerosis
Due to _____

9. Birthplace Mississippi Co. near Charleston, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Mrs. John Barton

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

14. Maiden name Mrs. Mary Boen

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

16. (a) Informant Mrs. Sarah Archer - Daughter
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof April 28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Cass St. Flat River, Mo.

19. (a) 5-7-47 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

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 C. H. Copenhaver (M. D. or other) MD
Address Flat River MO Date signed 4-29-47

(Licensed Embalmer's Statement on Reverse Side)

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

4
5
2

94
5
2
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Sanitary Health Officer No. 4
District File Number 547-672
Date Filed 5-12-47

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 Alvin W. Hood
Licensed Embalmer No. 2780
P. O. Address 303 Crane St. Flat River, 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.