No. 2
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31241

State File No.

Primary Registration District No. 3060

Registrar's No. 111

94
4
1

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wendell K. Mitchell
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 1 (Day) 1884 (Year)

8. AGE: Years 57 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
MOTHER FATHER
12. Name Wm H. Mitchell
13. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)
14. Maiden name Katherine Cunningham
15. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Nora Mc Callen
(b) Address Camdenton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Mo
18. (a) Signature of funeral director Diemer And Co
(b) Address Flat River Mo
19. (a) 9-7-1942 (Date received local registrar) (b) Byrdie Burhmeo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1942 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 10, 1942 to Sept. 5 1942 that I last saw him alive on Sept 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia / Duration 2 days
Due to Essential Hypertension 4 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury
23. Signature Geo. K. Watkins (M. D. or other)
Address Farmington Date signed 9-7-42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-12

Date Filed 10-13-42

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, 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.

No. 2B
-8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31241

Registration District No. 316 | Primary Registration District No. 3260 | Registrar's No. 111

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Wendell K. 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: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct 1 1884 (Month) (Day) (Year)
8. AGE: Years 57 Months 11 Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 5 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 wks
Due to: Essential Hypertension	4 yrs
Due to: Cardio-Renal Vascular disease (chronic nephritis)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 13/a	
Of autopsy	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature: Geo. L. Watkins (M. D. or other)
Address Date signed

SUPPLEMENTARY