

50M-9-19-35

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3502
Do not use this space.

1. PLACE OF DEATH
(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 3035 Registered No. 268
(c) City Richmond (d) Street No. 422 South Camden St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT J MITCHELL
(a) Residence, No. 422 South Camden St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDITH BELLE MITCHELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>2</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) MARCH 1924

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Georgia

FATHER

13. NAME -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

MOTHER

15. MAIDEN NAME -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

17. INFORMANT Edith Belle Mitchell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE NORBORNE, Mo. DATE JAN. 11 1940

19. FUNERAL DIRECTOR (NAME) J. W. KNIPSCHILD (ADDRESS) HARDIN, MISSOURI

20. FILED Jan 31 1940 Mabel Jackson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1940 to Jan 9 1940
I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at - m.
The principal cause of death and related causes of importance were as follows:
Enlarged Bladder
Other contributory causes of importance Prostatitis

Name of operation - Date of -
What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury - 19-
Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify -
(Signed) P. B. Jackson M. D.
(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number *115740*
Date Filed

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *John W. Esipovich*
Licensed Embalmer No. *2789*

P. O. Address *Hardin 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35-02
Do not use this space.

1. PLACE OF DEATH

(a) County Ray

Registration District No. 744

(b) Township Richmond

Primary Registration District No. 3035

(c) City Richmond

(d) Street No. 268

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Richmond

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 8 - 1853

7. AGE

YEARS

86

MONTHS

23

DAYS

1

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work
was done, as saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

Jan 31

1940

Malhel Jackson

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1 - 9 - 1940

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed)

L. D. Greene

M. D.

(Address)

Richmond

Mo.

S-3502