

FILED FEB 14 1945

Registration District No. 297

Primary Registration District No. 6022

State File No.

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All His Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME LEE F. MITCHELL

3. (b) If veteran, None name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine (Blain) Mitchell-Alive 6. (c) Age of husband or wife July 24 th. 1862.
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Ray Co. Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Geo. W. Mitchell

12. Name Kentucky

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

14. Maiden name Kentucky

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

16. (a) Informant Walter Mitchell

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 1-10-45. (Month) (Day) (Year)

(c) Place of burial or cremation South Point

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond, Mo.

19. (a) Jan 13 1945 (b) Mo. Charles Sheppard (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th. year 1945. hour 11 minute A. M.

21. I hereby certify that I attended the deceased from County Coroner 19 1945 that I last saw him alive on Jan 8 and that death occurred on the date and hour stated above. Immediate cause of death Coronary occlusion Duration

Due to Death Sudden

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gall

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J.F. Baber 3 coroner (M.D. or other)

Address Richmond Mo Date signed 1-8-45

RECEIVED

Health Officer No. 8,

District File Number

Date Filed

2-13-45

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

working under my personal supervision.

Registered Apprentice No.

Brothers Funeral Home

Signed

Carlton Minor

Licensed Embalmer No. 1313414

P. O. Address Richmond ? Missouri.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond RURAL
(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)

3. (a) PRINT FULL NAME

Lee J. 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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased

July 24 1904
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

82

5

1

min.

9. Birthplace

(City, town, or county)

(State or foreign country) Mo

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)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1944 hour 10 minute 5 M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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

3179