

REC'D MAR 14 1938

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

5685
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rau Primary Registration District No. 1002 Registered No. 751
(c) City Kennett City (d) Street No. 630 Garfield 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

George Russell 540
(a) Residence, No. 630 Garfield 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Russell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1859
7. AGE YEARS 78 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Italy
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT (ADDRESS) J. C. Russell
630 Garfield
18. BURIAL, CREMATION, OR REMOVAL PLACE West View DATE 2/15-1938
19. FUNERAL DIRECTOR (ADDRESS) A. Schubert
901 East 8th St
2714 380th St. M. Brown
20. FILED 2714 380th St. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 25th 1937 to Feb. 12th 1938, 1938
I last saw him alive on Feb. 12, 1938. 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:
Carcinoma of liver
46
Other contributory causes of importance:
Pulmonary edema
Name of operation Date of
What test confirmed diagnosis? Element Was there an autopsy? No
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) Anthony J. Jensen M. D.
(Address) 3121 Schubert Bldg.

STATEMENT BY LICENSED EMBALMER

I, Ray E. Snow, Licensed Embalmer No. 20760

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. No. or by Registered Apprentice No.

working under my personal supervision.

Signed Ray E. Snow
Licensed Embalmer No. 20760

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.)