

REC'D JUN 17 1938

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

19114

Do not use this space.

1. PLACE OF DEATH

 (a) County Pemiscot Registration District No. 656
 (b) Township Cooter Primary Registration District No. 5873 Registered No. _____
 (c) City Cooter (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME John Wesley Russell
 (a) Residence, No. Cooter, Mo. 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 Mrs Leddie Russell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th 1862
 7. AGE YEARS 73 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Lexington
 (STATE OR COUNTRY) Tenn

 FATHER 13. NAME George Russell

 14. BIRTHPLACE (CITY OR TOWN) D.K.
 (STATE OR COUNTRY) Tenn

 MOTHER 15. MAIDEN NAME W. R.

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

 17. INFORMANT Joe Russell
 (ADDRESS) Cooter, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem DATE 5/9 19. 3

 19. FUNERAL DIRECTOR German Undt Co
 (ADDRESS) Steele, Mo.

 20. FILED 6-14 1938 Tom Rangan Local Registrar. 589

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 18, 1938

 I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 7:30 m.

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

Chronic Myocarditis93C

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? No
 If so, specify _____
(Signed) R. E. Cooper, M. D.
 (Address) Cooter, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)