

REC'D JUL 20 1938

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

22132

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City JOPLIN (d) Street No. 2516 EMPIRE _____ 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 REUBEN THOMAS RUSSELL 2110

(a) Residence, No. 2516 Empire 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 LETHIA RUSSELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 3RD. 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHOECREPAIR
 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) CASEY COUNTY K NTUCKY

FATHER 13. NAME NOT KNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER 15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) Family JOPLIN, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE NEOSHO, MO DATE 6/15/38, 19__

19. FUNERAL DIRECTOR (NAME) (ADDRESS) THE BIGHAM MORTUARY NEOSHO, MISSOURI

20. FILED 6-21-38 Ed James Local Registrar. 379

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to 6-14, 1938
 I last saw him alive on JUNE 9, 1938 Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Cardio-Vascular - Renal Disease Date of onset

Other contributory causes of importance: 131

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No.

If so, specify _____
 (Signed) [Signature], M. D.

(Address) [Signature]

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,

L Keith Collier

....., or by

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

Signed.....

L Keith Collier

Licensed Embalmer No. *3652*

P. O. Address.....

Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.