

REC'D FEB 20 1939

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

1399
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3821 Gillham Road Registered No. 412
 (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 Wallace William Russell

(a) Residence, No. 3821 Gillham Road 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 Marie S. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 14

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. Realtor
 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) Kentucky

13. NAME Rev. J. M. Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Vanna Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Marie S. Russell
 (ADDRESS) 3821 Gillham Road, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 1-30, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Jan 30, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Jan 27, 1939
 I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 11:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Obstructing jaundice due to gall stones
concurrent of the head of the pancreas?
Rupture of liver
 Other contributory causes of importance none
bill duct on Dec 13, 1938

Date of onset

July 1938
46

Exploration & drainage
 Name of operation Operation Date of 12-14-38
 What test confirmed diagnosis Operation 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 Paul J. Hunt M. D.
 (Address) 424 1/2 W. 13th St. Bldg.

Proof
11/16/51

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.